

MEDICAL QUALITY ASSURANCE COMMISSION

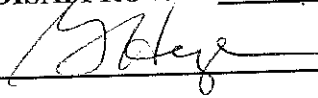
STAFF MEDICAL CONSULTANT REVIEW

APPLICANT Lynn Borgetti DATE REVIEWED 6/6/14

SUBMITTED BY: Dawn Thompson

MEDICAL CONSULTANT,
PLEASE REVIEW THE MALPRACTICE INFORMATION IN THE ATTACHED
APPLICATION FILE.

APPROVED: DISAPPROVED: DATE: 6/6/14

SIGNATURE: 

COMMENTS: _____



491-

PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Borgatta, Lynn

RETURN THIS PORTION
WITH CHECK & APPLICATION

IF 0252090000 00236

⑈ 2878 ⑈

\$491.00

2878-11/19/2013 7:34:53 AM-601

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....
4. Are you currently engaged in the illegal use of controlled substances?.....

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
- b. Diverted controlled substances or legend drugs?
- c. Violated any drug law?
- d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?

3. Medical Education and Experience

Provide a date listing of your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
Albert Einstein College of Medicine	MD	4	9/1970	5/1974
Post graduate training (list all programs attended)				
Surgery, Roosevelt Hospital New York City		2	7/1974	6/1976
Obstetrics and Gynecology St. Luke's Hospital, NYC		3	7/1976	6/1979

4. Professional Experience

In date order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
Albert Einstein Coll of Med Montefiore Medical Center New York Medical Center	8/1979	8/1989	Obstetrics and Gynecology
Westchester County Medical Center Planned Parenthood of Rockland	9/1989	12/1995	Obstetrics and Gynecology
Planned Parenthood Federation of America	1/1996	7/1997	Gynecology Research
Boston University Boston Medical Center	9/1997	present	Gynecology (General)

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy
Boston Medical Center	9/1997	Present

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in date order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
Massachusetts	1997	155076		?	active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Colorado	1995	34299		?	inactive	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
New York	1975	125870	7/75		inactive	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in date order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
NY	1975	125870	National Boards		inactive	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Colorado	5/18/95	122 34299			inactive	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Massachusetts	1997	155076			active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

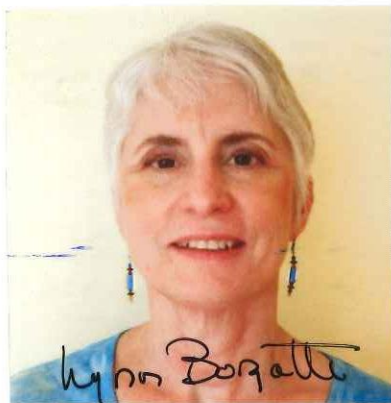
7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials	Date
LB	10/31/13

8. Applicant's Photograph

Photo Here



Height 5-5"
 Weight 130
 Hair color Gray! Silver!
 Color of eyes Hazel

Signature

Date of Photo 11/10/13

9. Applicant's Attestation

I, LYNN BORGATTA, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

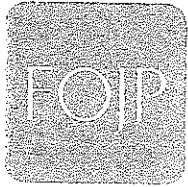
I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 10/31/13 at Cambridge, MA
(mm/dd/yyyy) (City, state)

By: 
(Signature of applicant)



1977-1997

Personal & Confidential

April 24, 1997

Direct Dial: (212) 891-0721

FOJP SERVICE CORPORATION
 130 EAST 59 STREET
 NEW YORK, NY 10022
 PHONE 212 891-0700

Mary Ann Merklein
 Medical Staff Services
 University Hospital
 750 East Adams Street
 Syracuse, NY 13210

RISK MANAGEMENT
 ADVISORS FOR
 UJA-FEDERATION OF
 NEW YORK AND
 ITS AGENCIES

Re: Lynn Borgatta, MD

Dear Ms. Merklein:

Please be advised that FOJP Service Corporation provides claims and litigation services for Yeshiva University, Montefiore Medical Center and their salaried physicians, including Interns and Residents. Please also be advised that this letter does not confirm employment status of the above-captioned physician. It is the responsibility of the Medical Center to provide confirmation as to employment status and dates of employment.

The following information provided pursuant to your request for malpractice claims data for the above-captioned physician, who has authorized release of this information. *The information provided relates only to pending lawsuits, and claims and lawsuits disposed of through settlement or judgment against the above-captioned physician in the physician's capacity as an employee of the Medical Center.*

According to the information in our claims computer, there are two pending lawsuits and three settlements as follows:

<u>Patient's Name</u>	<u>FOJP File #</u>	<u>Date of Loss</u>	<u>Summons Date</u>	<u>Status</u>	<u>Paid Loss</u>
3 - Healthcare Infor... Case Information: Pregnancy/Labor/Delivery	V87-6118-4011	06/26/87	08/14/89	Pending	N/A
3 - Healthcare Infor... Case Information: Diagnosis	F89-1116-7510	06/26/89	04/04/91	Pending	N/A
3 - Healthcar... Case Information: Clinical Management	F80-0803-4010	05/20/80	05/14/81	Settled	\$ 26,000.*
3 - Healthcare Informa... Case Information: Pregnancy/Labor/Delivery	V84-6193-4011	08/28/84	04/07/87	Settled	\$ 992,932.*

Page: 2

Re: Lynn Borgatta, MD


3 - Healthcare I...

F89-0982-7510 08/09/89 10/09/90 Settled \$ 15,000.*

Case Information: Surgical/OR Procedure, Consent (Informed Consent)

Please note that the "Case Information" provided above pertains to the entire case and may reflect the involvement of this and/or other insureds. ***This amount was paid by the Medical Center's insurance carrier to dispose of this claim. This claim is listed on this claims history because the physician's name appears in the settlement documents regarding this matter.**

Sincerely,


Annemarie Goddard-Thompson
Claims History Clerk

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: 10/31/13

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

3 - Healthcare Informa...

A woman in her 40's had an office visit for irregular bleeding and had an endometrial biopsy. Subsequently, she developed a pelvic infection. It is uncertain whether the infection developed before or after the biopsy

Date of occurrence: 5/20/1980 Details: the biopsy

2. Date suit or claim was filed: 5/14/80

Name and address of insurance carrier that handled the claim: FOJP Service Corporation 130 E. 59th Street, New York, New York 10022

3. Your status in the legal action (primary defendant, codefendant, other):
4. Current status of suit or other action: settled
5. Date of settlement, judgment, or dismissal: unknown
6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount. \$ 26,000

There is no allocation to co-defendants

You must enclose a copy of final disposition of case this includes dismissals. \$

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature [Signature] Date 10/31/13

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: 10/31/13

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

~~This patient had a normal delivery and neonatal course. The infant was admitted several months later for an elective surgical procedure and was assessed as normal. Subsequently, developmental delay was noted and he received a diagnosis of Angelman syndrome, a genetic disorder. Although this was diagnosed clinically, no definitive test was done at the time (partial deletion of short arm of chromosome 15). I was told that without a definitive test, a jury trial in the Bronx might result in a sympathy verdict, and the case was settled.~~

Date of occurrence: 8/28/1984 Details: _____

this case would never occur now. the genetic test is well established now.

2. Date suit or claim was filed: 4/7/87

Name and address of insurance carrier that handled the claim: _____

FQIP

3. Your status in the legal action (primary defendant, codefendant, other):
4. Current status of suit or other action: settled
5. Date of settlement, judgment, or dismissal: 6/2/1994
6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount.

\$992,932

there is no allocation to various codefendants

You must enclose a copy of final disposition of case this includes dismissals. \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature WMLA Date 10/31/13

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: 10/31/13

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

26 yo had a tubal ligation. Subsequently she became pregnant. She alleges lack of informed consent. The office had a 4 page detailed consent for tubal ligation which explicitly stated a risk of pregnancy of 1/200.

Date of occurrence: 8/9/1989 Details: _____

2. Date suit or claim was filed: 10/9/1990

Name and address of insurance carrier that handled the claim:
FOJP Service Corporation 130 E. 59th Street, New York, New York 10022

3. Your status in the legal action (primary defendant, codefendant, other):

4. Current status of suit or other action: Settled

5. Date of settlement, judgment, or dismissal: 3/15/1994

6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount.
\$15,000 allocation is not stated

You must enclose a copy of final disposition of case this includes dismissals. \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature WBM Date 10/31/13

Pending

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: 10/31/13

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

3 - Healthcare Information Readily Iden...

I do not know anything about this case. I was never deposed.

Date of occurrence: 6/26/1987 Details: _____

2. Date suit or claim was filed: 8/14/1989

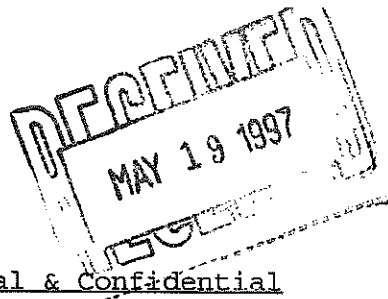
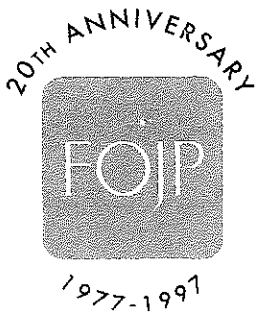
Name and address of insurance carrier that handled the claim: FOJP Service Corporation 130 E. 59th Street, New York, New York 10022

3. Your status in the legal action (primary defendant, codefendant, other):
4. Current status of suit or other action:
5. Date of settlement, judgment, or dismissal: *not known, I was discontinued*
6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount.

You must enclose a copy of final disposition of case this includes dismissals. \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature *Lynn Borgatta* Date 10/31/13



Personal & Confidential

Direct Dial: (212) 891-0845

May 13, 1997

FOJP SERVICE
CORPORATION

130 EAST 59 STREET
NEW YORK, NY 10022
PHONE 212 891-0700

Lynn Borgata, M.D.
175 Tarrytown Road
White Plains, 10607

Re: 3 - Healthcare Information Readily Identifia... vs. WHAECOM, et al.
FOJP File No.: V87-6118-4011

RISK MANAGEMENT
ADVISORS FOR
UJA-FEDERATION OF
NEW YORK AND
ITS AGENCIES

Dear Dr. Borgata:

We are happy to inform you that the above-captioned lawsuit has been discontinued against you.

Since this case has been brought to a conclusion, our file will be closed.

If you should have any questions regarding the above, please do not hesitate to contact me.

Very truly yours,

Denise Markowitz
Assistant Claims Examiner

DM:cv

cc: WHAECOM

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: _____

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

3 - Healthcare Information Readil...

I saw this patient twice - she was not my regular patient 1) she was seen in my office and I recommended a test, which she did not do 2) she came in unscheduled demanding to know results of a test done by another doctor, I explained

Date of occurrence: 6/26/1989 Details: them and she became irate and threatened to kill me. She was removed by security. I refused to see her again (she didn't request to see me either). Some time later she was diagnosed with ovarian cancer, she subsequently died.

2. Date suit or claim was filed: 4/9/1991

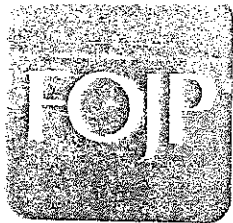
Name and address of insurance carrier that handled the claim:
FOJP Service Corporation 130 E. 59th Street, New York, New York 10022

3. Your status in the legal action (primary defendant, codefendant, other):
4. Current status of suit or other action: discontinued
5. Date of settlement, judgment, or dismissal:
6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount.

You must enclose a copy of final disposition of case this includes dismissals. \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature [Signature] Date 10/31/13



Personal & Confidential

Direct Dial: (212) 891-0887

FOIP SERVICE
CORPORATION

July 2, 2002

130 EAST 59 STREET
NEW YORK, NY 10022
PHONE 212 891-0700

Lynn Borgotta, M.D.
Department of Obstetrics & Gynecology
Boston University School of Medicine
91 E. Concord Street, MAT 3
Boston, MA 02118

RISK MANAGEMENT
ADVISORS FOR
UJA FEDERATION OF
NEW YORK AND
ITS AGENCIES

Re: 3 - Healthcare Information Readil... v. Yeshiva University
FOJP File No.: F88-0172-7510

Dear Dr. Borgotta:

We are happy to inform you that the above-captioned lawsuit has been discontinued against you and has been settled.

Since this case has been brought to a conclusion, our file will be closed.

If you should have any questions regarding the above, please do not hesitate to contact me.

Very truly yours,

Ronald Spencer
Assistant Claims Examiner

RS:jmb

cc: Paul Goldschmidt

Professional Liability Action History

Applicant's name: Lynn Borgatta, MD, MPH Today's date: _____

Please submit a form for each past or current professional liability claim or lawsuit which has been filed against you. Photocopy this page as needed. Only a legible and signed narrative which addresses all of the following details will be accepted.

1. Provide a detailed summary of the events of the case. Include the date of occurrence, your specific involvement, and the patient's clinical outcome. Please submit additional pages of narrative if necessary.

3 - Healthcare Information R...

I do not know anything about this case. I was never deposed

Date of occurrence: > Details: _____

2. Date suit or claim was filed: _____

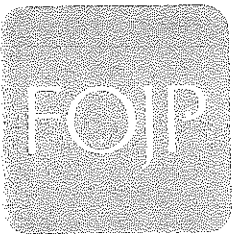
Name and address of insurance carrier that handled the claim: FOJP Service Corporation 130 E. 59th Street, New York, New York 10022

3. Your status in the legal action (primary defendant, codefendant, other):
4. Current status of suit or other action:
5. Date of settlement, judgment, or dismissal: discontinued
6. If the case was settled out of court, or with a judgment, settlement amount paid on your behalf, please disclose the amount.

You must enclose a copy of final disposition of case this includes dismissals. \$ _____

I verify the information contained in this form is correct and complete to the best of my knowledge:

Signature *Lynn Borgatta* Date 10/31/23



Direct Dial: (212) 891-0845

FOJP SERVICE CORPORATION

September 23, 1999

130 EAST 59 STREET
NEW YORK, NY 10022
PHONE 212 891-0700

Personal & Confidential

RISK MANAGEMENT
ADVISORS FOR
UJA-FEDERATION OF
NEW YORK AND
ITS AGENCIES

Lynn Borgatta, M.D.
10 Rogers Street
Apt. 604
Cambridge, MA 02142

Re: 3 - Healthcare Informatio... (infant) v. WHAECOM, et al.
FOJP File No.: V87-6035-4011

Dear Dr. Borgatta:

We are happy to inform you that the above-captioned lawsuit has been discontinued against you.

Since this case has been brought to a conclusion, our file will be closed.

If you should have any questions regarding the above, please do not hesitate to contact me.

Very truly yours,

Amy L. Barest
Assistant Claims Attorney

ALB/cl

cc: Susan Cannavo / Montefiore Med. Ctr.

RECEIVED

NOV - 3 2013

DEPARTMENT

ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY
1300 Morris Park Avenue
Bronx, New York 10461

OFFICIAL TRANSCRIPT FOR BORGATTA, LYNN CLASS 1974

From 9/8/70 To 5/23/74

BASIC SCIENCE CORE	CORE CLERKSHIPS	TRACKS IN CLINICAL MEDICINE
ANATOMY	P GYNECOLOGY & OBSTETRICS	P AMBULATORY CARE PEDIATRICS P
BIOCHEMISTRY	P MEDICINE	P SUBINTERNSHIP MEDICINE P
CELL BIOLOGY	P NEUROLOGY	H
COMMUNITY HEALTH	P PEDIATRICS	P
FAMILY LIFE STUDY	P PSYCHIATRY	
GENETICS	P PHYSICAL DIAGNOSIS	P
HEMATOLOGY	P SURGERY	P
HUMAN SYSTEMS BIOLOGY		ELECTIVES
Cardiovascular	P	ANESTHESIOLOGY H
Endocrine/Reproduction	P	SUB-INTERN-SURGERY
Gastrointestinal	P	(PLASTIC) P
Neurobiology	P	DIAGNOSTIC RADIOLOGY H
Renal	P	GENERAL SURGERY H
Respiratory	P	SPECIAL OBS-GYN H
HUMAN SYSTEMS PATHOPHYSIOLOGY	P	EMERGENCY ROOM P
Cardiovascular	P	CARDIOLOGY P
Central Nervous System	P	
Gastrointestinal	P	
Endocrine	P	
Renal	P	
Respiratory	P	
IMMUNOLOGY	P	
INFECTIOUS DISEASES	P	
PARASITOLOGY	P	
PATHOLOGY (General)	P	
PHARMACOLOGY	P	
PSYCHIATRY	P	
RHEUMATOLOGY	P	
TISSUE BIOLOGY	P	

SEAL

✓ M.D. Degree Granted May 23 1974

Signature _____

Title _____

Date _____

Remarks _____

Grading System:
H= Honors
P= Pass
F= Failure

This officially sealed and signed transcript is printed on blue SCRIP-SAFE® security paper. When photocopied the name of the institution and the word VOID will appear. Translucent globe icons must be visible from both sides of transcript when held toward light source. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

In accordance with USC 438(6)(4)(8) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents or employees, will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

Diana Benmergui, LMSW, University Registrar

ALBERT EINSTEIN COLLEGE OF MEDICINE

ALBERT EINSTEIN COLLEGE OF MEDICINE



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
National Board of Medical Examiners® (NBME®)

3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

RECEIVED
NOV 19 2013
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Recipient: Washington Med Quality Assurance Comm
Department of Health
PO Box 47866
Olympia, WA 98504-7866

Date: 11/14/2013

Examinee: Lynn Borgatta

Examinee ID: 3-145-328-5
Date of Birth: 10/18/1950

NBME Certification Date: 07/01/1975

Certificate#: 145328

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min.Pass)	Anat	Phys	Bioc	Path	Micr	Phar
06/13/1972	Pass	Three-Digit	565	(380)	590	605	580	485	495	510
		Two-Digit	84	(75)	87	88	86	80	80	81

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min.Pass)	Med	Surg	ObGyn	Prev	Peds	Psych
09/25/1973	Pass	Three-Digit	580	(290)	630	505	470	685	545	550
		Two-Digit	85	(75)	88	82	81	91	84	85

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min.Pass)
03/05/1975	Pass	Three-Digit	580	(290)
		Two-Digit	85	(75)



The Roosevelt Hospital

in the
City of New York

This is to certify that

Lynn Borgatta, M.D.

Upon recommendation of the Medical Board of The Roosevelt Hospital and upon its nomination, was appointed by the Board of Trustees one of the House Staff of the said Hospital and has performed her duties to the credit of herself and to the satisfaction of the undersigned, in the following capacities.

Intern, Surgery July 1, 1974 - June 30, 1975 ✓
Resident, Surgery July 1, 1975 - June 30, 1976 ✓

Witness the Corporate Seal of The Roosevelt Hospital and the signatures of the President, and the Secretary of the Board of Trustees and the Officers of the Medical Board to this

Diploma

the thirtieth day of June in the year one thousand nine hundred and seventy six.


Gregory Johnson
PRESIDENT OF THE MEDICAL BOARD

Kenneth T. Donaldson
SECRETARY OF THE MEDICAL BOARD

Walter A. Wilgus
DEPARTMENT CHAIRMAN

H. Whitfield Parker
PRESIDENT OF THE BOARD OF TRUSTEES

Stephen Ziebert
SECRETARY OF THE BOARD OF TRUSTEES

John B. Terenzio
DIRECTOR OF THE HOSPITAL

f: 212-523-6495

From: Borgatta, Lynn [Lynn.Borgatta@bmc.org]

Sent: Thursday, January 23, 2014 6:52 PM

To: Shamila Dilmaghani

Subject: RE: Verification

Thank you very much for trying!

Regards,

Lynn Borgatta, MD, MPH

Professor, Obstetrics and Gynecology

Chair, IRB Panel Green

Boston University

From: Shamila Dilmaghani [SDilmagh@chpnet.org]

Sent: Thursday, January 23, 2014 1:15 PM

To: Borgatta, Lynn

Subject: FW: Verification

Dr. Borgatta,

I tried completing the form you sent me and checked with our GME office to verify your dates since they are the only department that would be able to do so given your dates of training took place over 20 years ago.

GME informed me that the only record they have on file is your OBGYN. (please scroll down to see screen shot) You have written on the form General Surgery which i am unable to verify.

Please advise.

thanks

Shamila Dilmaghani, MPA

Surgical Residency Manager

Department of Surgery

p: 212-523-6970

f: 212-523-6495

From: Shamila Dilmaghani

Sent: Thursday, January 23, 2014 12:43 PM

To: Judy Irons

Subject: RE:

can you search to see if anything under surgery appears for the dates i mentioned?

thx

Shamila Dilmaghani, MPA

Surgical Residency Manager

Department of Surgery

p: 212-523-6970

f: 212-523-6495

From: Judy Irons

Sent: Thursday, January 23, 2014 12:34 PM

To: Shamila Dilmaghani

Subject:

[cid:image002.jpg@01CF1837.725F2660]

Thanks

Judy Irons

Administrative Coordinator

Graduate Medical Education (GME)

St. Luke's Roosevelt Hospital Center

1111 Amsterdam Avenue

Plant Building, Ground Floor, Room 2050

New York, NY 10025

(P) 212-523-2154

(F) 212-523-5402

jirons@chpnet.org

Have a*")

:/s.*") s.*")

Kim Williams

Sending now – will copy you on email.

Wed 3:54 PM

Borgatta, Lynn

Actions

In response to the message from Fern Williams, 5/21/2014

To:

M

Kim Williams [KWilliams@chpnet.org]

Sent Items

Wednesday, June 04, 2014 3:44 PM

Dear Kim,

I spoke to the people at the Washington DOH, and they didn't receive a letter about my internship. After talking with them, they decided that they would accept the certificate, as long as you send an email saying that you can't find my records as they are too old.

Sample text so you can cut and past:

Dr. Borgatta was an intern and resident at Roosevelt Hospital from 197-1976 according to her certificate of completion. We do not have any records of our own on file, as we do not keep records that far back. This should be addressed to lori.nimon@doh.was.gov.

Would you PLEASE copy me on this so that I know it's been sent and I can stop pestering you.

Many thanks,

Lynn

Lynn Borgatta, MD, MPH

Chair, IRB Panel Green

Professor, Obstetrics and Gynecology

Boston University School of Medicine

Borgatta, Lynn

Thank you for all you work on this. However, Washington office says that they have not received anything.

I don't know what's going on there, but snail mail doesn't seem to be effective (this is the second time).

Would you please email it to Lori Nimon(lori.nimon@doh.wa.gov)?

Thu 5/29

Judy Irons

Thanks Kim, For your fast response on this matter Judy

5/22/2014

Fern Williams

Thanks Kim. I was at my wits end because I didn't know what to do about the doctor's first year of residency. Truly appreciative for your assist. Fern Sent from my Galaxy S®III ----- Original message -----

--- From: Kim Williams Date:05/21/2014 8:18 PM (GMT-05:00)

5/21/2014

Kim Williams

Hello Everyone, Dr. Borgatta - I'm sorry that you've had such a hard time reaching me, but as I explained to you last week, it was the first I'd heard of it. I forwarded to verification form to the PD and unfortunately, he has been unable to sign in a timely

5/21/2014

Judy Irons

Hi, When the GME office gets a verification, I send to the department – it is the responsibility of the department to fill out the verification – I only send a picture (if requested) to show the dates that the residents did their training with us. The picture

5/21/2014

Fern Williams [FWilliam@chpnet.org]

To:

M

Judy Irons [jirons@chpnet.org]

Cc:

M

Borgatta, Lynn

Inbox

Wednesday, May 21, 2014 4:42 PM

I gave Dr. Borgatta Kim's contact information and in her (Dr. Borgatta) email to us (you and I) she stated she emailed and called with no response. I don't understand what the picture means. Can the GME help?

Sent from my Galaxy S®III

----- Original message -----

From: Judy Irons

Date:05/21/2014 1:58 PM (GMT-05:00)

To: Fern Williams

Subject: RE: Verification of Lynn Borgatta for Washington State

From: Fern Williams
Sent: Wednesday, May 21, 2014 1:45 PM
To: Borgatta, Lynn; Judy Irons
Subject: RE: Verification of Lynn Borgatta for Washington State

Judy,

I was able to and did confirm Dr. Borgatta's completion of her OB/GYN residency, however, she did not complete her PGY 1 year with us. That was with Surgery. The GME office can verify that year, would you please? If not, can you direct us, can the Medical Staff office confirm? She's pretty desperate at this moment as this has been an issue for quite some time now.

Please tell me what to do to help her.

Thanks.

Fern

Sent from my Galaxy S@III

----- Original message -----

From: "Borgatta, Lynn"
Date: 05/21/2014 1:30 PM (GMT-05:00)
To: Judy Irons
Cc: Fern Williams
Subject: FW: Verification of Lynn Borgatta for Washington State

Hi Judy,

I'm sending this to you in frustration (I didn't wait for a response from Fern).

At issue now, is documentation of internship/residency from 7/74-6/76 (Fern provided it for 7/76-6/79). The state of Washington does not seem to care WHAT I was doing, they just seem to be using a checklist (and a "consultant"). I should be clear that I was at Roosevelt or St. Luke's doing SOMETHING during that period, from the screen shot that you originally produced in January. Your guess is as good as mine, since I was so sleep-deprived during that period that I don't remember much.

At the risk of clogging your inbox, I'm sending the picture of my certificate, and the form, and your screenshot, again. If this won't solve it, I will need a new battle plan. But I promise to send flowers if it gets done.

Lynn

Lynn Borgatta, MD, MPH
Chair, IRB Panel Green
Professor, Obstetrics and Gynecology
Boston University School of Medicine

From: Borgatta, Lynn
Sent: Wednesday, May 21, 2014 1:08 PM

To: Fern Williams
Subject: RE: Verification of Lynn Borgatta for Washington State

Hi Fern,

I got no response to the email to Kim Williams. I tried to call Shamila's old number, but no one is answering there. Do you have another number, or should this get referred to someone else?

At this point, I have some time pressure. I started this application in October. It was complete except for this at the beginning of January. I'm moving soon!!

Many thanks,
Lynn

Lynn Borgatta, MD, MPH
Chair, IRB Panel Green
Professor, Obstetrics and Gynecology
Boston University School of Medicine

1 - DOH Licensee Health ...

From: Fern Williams [FWilliam@chpnet.org]
Sent: Monday, May 12, 2014 2:12 PM
To: Borgatta, Lynn
Subject: RE: Verification of Lynn Borgatta for Washington State

Yes, that's it – kwilliams@chpnet.org

Fern Williams
Residency Program Coordinator
Obstetrics & Gynecology
Mount Sinai Roosevelt and Mount Sinai St. Luke's Hospitals
1000 10th Avenue, Suite 10C
New York, NY 10019
212 523-8366 - phone
212 523-8066 - fax

fwilliams@chpnet.org

From: Borgatta, Lynn [<mailto:borgatta@bu.edu>]
Sent: Monday, May 12, 2014 1:59 PM
To: Fern Williams
Subject: RE: Verification of Lynn Borgatta for Washington State

Thank you so much for your help!

I guessed that kKim williams' email is kwilliams@chpnet.org. If that's not right would you let me know please?

Many thanks,

Lynn Borgatta, MD, MPH
Chair, IRB Panel Green
Professor, Obstetrics and Gynecology
Boston University School of Medicine

From: Fern Williams [FWilliam@chpnet.org]
Sent: Monday, May 12, 2014 12:36 PM
To: 'lori.nimon@doh.wa.gov'; 'dawn.thompson@doh.wa.gov'
Subject: RE: Verification of Lynn Borgatta for Washington State

Please confirm receipt.

I will put a hard copy in the mail today so you can see the hospital seal but don't know to whom I should address it to. I'm mailing to:

Medical Quality Assurance Commission

PO Box 47866

Olympia, WA 98504-7866

Thanks.

Fern Williams

Residency Program Coordinator

Obstetrics & Gynecology

Mount Sinai Roosevelt and Mount Sinai St. Luke's Hospitals

1000 10th Avenue, Suite 10C

New York, NY 10019

212 523-8366 - phone

212 523-8066 - fax

fwilliams@chpnet.org

-----Original Message-----

From: Borgatta, Lynn [<mailto:Lynn.Borgatta@bmc.org>]

Sent: Monday, May 12, 2014 11:32 AM

To: Fern Williams

Subject: RE: Verification of Borgatta for Washington State

Dear Fern,

My apologies for bothering you again. I don't know what's going on there, but the person in the Department of Health said they never received your letter. The also said they would accept faxed or emailed. Would you try again please? If that doesn't work I will send you prepaid Fedex labels.

The point people are:

lori.nimon@doh.wa.gov

dawn.thompson@doh.wa.gov

phone 360-236-2768 <<tel:360-236-2768>>

fax 360-236-2795 <<tel:360-236-2795>>

I applied for this license in October. It was complete by the beginning of January, except for the documentation of residency. Quite frustrating!

Best regards on this lovely spring day,

Lynn

Lynn Borgatta, MD, MPH

Professor, Obstetrics and Gynecology

Chair, IRB Panel Green

Boston University

From: Borgatta, Lynn

Sent: Tuesday, April 01, 2014 5:09 PM

To: Fern Williams

Subject: RE: Verification of Borgatta for Washington State

Many thanks!

As you can see, this process has been going on for a while. This is apparently the only item holding up the license. So, I really appreciate your help in resolving this!

Lynn Borgatta, MD, MPH
Professor, Obstetrics and Gynecology
Chair, IRB Panel Green
Boston University

From: Fern Williams [FWilliam@chpnet.org]
Sent: Tuesday, April 01, 2014 11:39 AM
To: Borgatta, Lynn
Subject: FW: Verification of Borgatta for Washington State

Good day Dr. Borgatta,

This is the first time I'm seeing this request for verification of OB/GYN residency. Just letting you know I'm sending it out today.

Fern Williams
Residency Program Coordinator
Obstetrics & Gynecology
Mount Sinai Roosevelt and Mount Sinai St. Luke's Hospitals
1000 10th Avenue, Suite 10C
New York, NY 10019
212 523-8366 - phone
212 523-8066 - fax
fwilliams@chpnet.org

-----Original Message-----

From: Judy Irons
Sent: Monday, March 31, 2014 9:07 AM
To: Fern Williams
Subject: FW: Verification of Borgatta for Washington State
Importance: High

Hi,

Please see the attachments for a verification to be filled out.

Thanks

Judy

-----Original Message-----

From: Borgatta, Lynn [mailto:Lynn.Borgatta@bmc.org]

Sent: Monday, March 31, 2014 8:44 AM

To: Judy Irons

Subject: FW: Verification of Borgatta for Washington State

Dear Judy,

Thank you for your help on the phone.

I am applying for a Washington license. It has been held up for several months pending verification of my internship 40 years ago. This has been somewhat confused because I was an intern/resident at Roosevelt in Surgery from 1974-1976, and a resident at St. Luke's in OBGYN from 1976-1979, when the programs were separate.

What the State of Washington wants is the month and year of the residency. They do not seem to care what it was in. I will send you a screen shot in the next email that has your record, which indicates that I was in OBGYN for 5 years. As I said, they don't seem to care, they want the time period.

I really appreciate your help in getting this resolved. It does seem rather comical that this is the one item that is holding the whole process up.

Lynn

Lynn Borgatta, MD, MPH

Professor, Obstetrics and Gynecology

Chair, IRB Panel Green

Boston University

cell [1 - DOH Licensee Health ...](#)

From: Borgatta, Lynn

Sent: Tuesday, March 11, 2014 8:48 PM

To: Shamila Dilmaghani

Subject: RE: Verification of Borgatta for Washington State

These are photographs of the certificates from Roosevelt and St. Luke's. Let me know if these are sufficient; otherwise I can make copies and mail them to you.

Many thanks for your help on this quest!

Lynn Borgatta, MD, MPH

this will be the end of my requests. It has been frustrating! I still have the original certificate of completion with the signatures and the Roosevelt seal, but they didn't want that.

I sincerely appreciate your attention to this matter.

Lynn Borgatta, MD, MPH

PASTED TEXT:

Lynn Borgatta lygatta@gmail.com

4:20 PM (3 hours ago)

to Lori

Hello Lori,

I'm writing again. I did write to Dawn Thompson and she told me that everything is there except for the Roosevelt Hospital information. I looked more carefully at the screenshot that was sent to me (I forwarded it to you before) and I notice that the dates are 1974-1979!! Apparently when the two hospitals merged, they also merged their residency records, and forgot that two years were surgery and three years were OBGYN. Does that solve the problem?

What would you like me to do at this point?

Thank you very much for your assistance and reply.

Have a great weekend,

Lynn Borgatta

2 Attachments

[Image]

[Image]

Nimon, Lori (DOH)

5:14 PM (2 hours ago)

to me

Hi Lynn,

At this time we will accept the form via fax or emailed. But the dates must be 7/74-6/76 for our consultant to approve it.

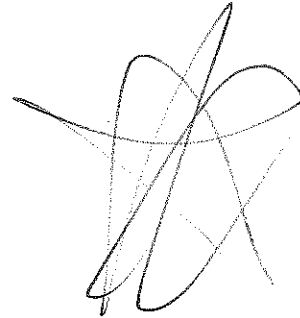
J

Lori

ORIGINAL TEXT.

From: Shamila Dilmaghani [SDilmagh@chpnet.org]

Sent: Monday, January 27, 2014 10:44 AM



To: Borgatta, Lynn

Subject: RE: Verification

Ok thanks

Shamila Dilmaghani, MPA

Surgical Residency Manager

Department of Surgery

p: 212-523-6970

f: 212-523-6495

From: Borgatta, Lynn [Lynn.Borgatta@bmc.org]

Sent: Saturday, January 25, 2014 1:56 AM

To: Shamila Dilmaghani

Subject: RE: Verification

I will contact the Washington board and see what they want me to . This situation must have come up before. I will contact you again if there is anything more that they want.

Thank you very much for your help.

Lynn Borgatta, MD, MPH

Professor, Obstetrics and Gynecology

Chair, IRB Panel Green

Boston University

From: Shamila Dilmaghani [SDilmagh@chpnet.org]

Sent: Friday, January 24, 2014 4:18 PM

To: Borgatta, Lynn

Subject: RE: Verification

should i disgard the form?

thanks

Shamila Dilmaghani, MPA

Surgical Residency Manager

Department of Surgery

p: 212-523-6970

Nimon, Lori (DOH)

From: Lynn Borgatta [lygatta@gmail.com]
Sent: Wednesday, June 04, 2014 12:25 PM
To: Nimon, Lori (DOH)
Subject: Re: Roosevelt Hospital Certificate

Dear Lori,

I can ask them again, but as I said, they have promised things and probably not delivered them, since they never made it to you.

Their website says that they don't have records older than 10 years.

I will say that I have tried diligently to get records out of them, and they said that they had no records, and the only record that they had was the copy of the certificate that I sent to you.

Cheers,
Lynn

On Wed, Jun 4, 2014 at 2:15 PM, Nimon, Lori (DOH) <Lori.Nimon@doh.wa.gov> wrote:

Hi Lynn,

Thanks so much. I think he also wanted an email or something from Roosevelt just stating that they could not locate your records. Do you know if that was coming today?

Lori

From: Lynn Borgatta [mailto:lygatta@gmail.com]
Sent: Wednesday, June 04, 2014 9:50 AM
To: Nimon, Lori (DOH)
Subject: Roosevelt Hospital Certificate

Hi Lori,

I talked to your consultant and he said to just email you a copy of the certificate, and that that would do it. So I have attached a copy.

I will be in Seattle all next week, so if you want the original I will bring it in, but I was told that that wasn't necessary.



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504 7866
 A-L 360-236-2765
 M-Z 360-236-2767

RECEIVED

DEC 02 2013

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

MD

To: Post Graduate Training Program Director

St. Luke's Hospital
 1111 Amsterdam Avenue
 New York, NY 10025

Facility name _____

Address _____

RE: Verification/evaluation of training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown above. **All questions must be answered.**

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
Lynn Borgatta, MD, MPH 10 Rogers St. apt. 604 Cambridge, MA 02142	10/18/1950
Signature of applicant	

1. _____ is or was engaged in postgraduate training in our program _____

Applicant Name (Print or type)

from Beginning date (month & year) 7/1/76 to Ending date (month & year) 6/30/79

in the field of Obstetrics and Gynecology

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? Yes No

If no, does this program qualify the applicant to become board certified? Yes No

3. Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? Yes No

If yes, please explain _____

4. Did this applicant successfully complete this training program? Yes No

in process OR expected date of completion _____

Return to address listed above. Signature Fern Williams

(Please type or print)

Title Program Coordinator

Hospital St. Luke's-Roosevelt Hospital Center

Address 1000 Tenth Ave, Suite 10C
New York, NY 10019

Date 11/22/13 Phone 212 523-8366

Lynn Borgatta, MD, MPH
10 Rogers St. apt. 604
Cambridge, MA 02142

October 30, 2013

St. Luke's Hospital
1111 Amsterdam Avenue
New York, NY 10025

Re: verification of residency

Dear People:

I am applying for a new license in the State of Washington.

They are requesting verification of residency. I was a resident in Obstetrics and Gynecology from 1976 to 1979 (the residency was not attached to Roosevelt Hospital at that time). Would you please send verification as requested in the enclosed form?

Thank you very much,



Lynn Borgatta, MD, MPH



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866
 A-L 360-236-2765
 M-Z 360-236-2767

MD

To: Post Graduate Training Program Director

Facility name St. Luke's-Roosevelt Hospital

Address 1000 Tenth Ave., Suite 10C, NY NY 10009

RE: Verification/evaluation of training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address shown above. **All questions must be answered.**

Applicant Name (Print or type) <u>LYNN BORGATTA</u>	Birth date (mm/dd/yyyy) <u>10/18/1950</u>
--	--

Signature of applicant: [Signature]

1. LYNN BORGATTA is or was engaged in postgraduate training in our program St. Luke's-Roosevelt Hospital from Beginning date (month & year) 7/76 to Ending date (month & year) 6/79 in the field of Obstetrics & Gynecology

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? Yes No
 If no, does this program qualify the applicant to become board certified? Yes No

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

4. Did this applicant successfully complete this training program? Yes No
 in process OR expected date of completion _____

Return to address listed above. Signature [Signature] (Please type or print)

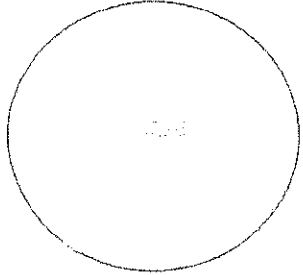
Title Program Director

Hospital St. Luke's-Roosevelt Hospital

Address 1000 Tenth Ave., Suite 10C

New York, NY 10019

Date 3/31/14 Phone 212523-8366





Dora

Department of Regulatory Agencies

Division of Registrations
 Gregory Ferland
 Interim Division Director

Office of Support Services
 Heather Perdue
 Director

John W. Hickenlooper
 Governor

Barbara J. Kelley
 Executive

LICENSE VERIFICATION

November 14, 2013

Lynn Borgatta

Profession: Physician
 License number: 34299
 Licensee Status: Expired

Original Date of Issue: 5/18/1995
 Basis of: Original
 Last renewed on: 6/1/2003
 Expiration date: 5/31/2005

Board or Program action(s): No

Action	Action Issued	Action Ended
--------	------------------	-----------------

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address above or email DORA_MedicalBoard@state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it **MUST** be obtained from the licensee.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

This license information was last updated on: 11/13/2013

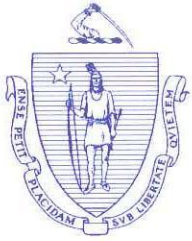
FOR THE COLORADO MEDICAL BOARD

1560 Broadway, Suite 1350
 Fax 303.894.7693

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
 V/TDD 711





DEVAL L. PATRICK
GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

RECEIVED
NOV 12 2013

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

11/6/2013

To Whom It May Concern:

This certifies that Lynn Borgatta, M.D., a 1974 graduate of Albert Einstein College of Medicine Yeshiva Univ, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 155076 was issued to Dr. Borgatta on 09/10/1997. The license status is: Active. The expiration date is 10/18/2014.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL


Staff Member, Board of Registration in Medicine
Karen Marotta



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

WA

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, BORGATTA LYNN was issued license/certificate number 125870 for the practice of MEDICINE on 11/10/75.

RECEIVED

NOV 25 2013

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Our records also indicate the following information:

Date of birth: 10/18/50
School attended: ALBERT EINSTEIN MED COL
Date of graduation: 05/01/74
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

B NATIONAL BOARD CERT #145328 DATED 07/01/75

NP #330452/#360199/#420283/#360307
NP(33)#000139/NP(42)#000210
NP(42)#000182/NP(33)#000411
NP(36)#000026
NP(42)#000155/NP(33)#000067/NP(33)#000111
NP #330076 [X] MORE

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 09/30/98
Address: #821 10 ROGERS STREET
10 ROGERS STREET CAMBRIDGE MA 02142-0000
Disciplinary information: No charges have been preferred against this licensee
Comments:

✓

SEAL



Cathy Hanczaryk

Principal Clerk 11/15/13



RECEIVED

NOV - 8 2013

Medical Staff Services, YACC BN-C7
Tel: 617 414-3357
Fax: 617 414-3506

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

November 3, 2013

Washington State Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

To Whom It May Concern:

Due to the increase in requests for information regarding Boston Medical Center medical staff members past and present, we regret that we are unable to complete the form you sent us. The information provided below satisfies the Massachusetts Board of Registration in Medicine requirements for reasonable inquiries by health care facilities under 243 CMR 3:05 and The Joint Commission Medical Staff Services standards.

Practitioner Name:	Lynn Borgatta, MD
Department:	Obstetrics & Gynecology
Current Status:	Active
Dates of Affiliation:	10/01/1997-Present
Next reappointment Date:	09/30/2015

Clinical Performance:

This practitioner continues to meet all clinical performance requirements for reappointment at Boston Medical Center

Disciplinary Actions:

This practitioner's credentials file contains no evidence of disciplinary action at this facility or any facility or regulatory agency.

Liability Claims: Information regarding malpractice insurance claims, if any, may be obtained by contacting the practitioner's liability carriers directly

Please do not hesitate to contact me if you have any questions.

Sincerely,

Deidra Soto

Deidra.Soto@bmc.org

Medical Affairs



AMA Physician Profile

Name and Mailing Address

LYNN BORGATTA MD
DEPT OF OB/GYN
6TH FL
85 E CONCORD ST
BOSTON MA 02118-2335

Primary Office Address

SAME AS MAILING ADDRESS

Phone 1-617-638-8131

Birth date 10/18/1950

Physician's major professional activity OFFICE BASED PRACTICE

Self-designated practice specialty GYNECOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
1609858968	11/14/2005	NOT RPTD	NOT RPTD	NOT RPTD	10/19/2013

Current and/or historical medical school

A EINSTEIN COL MED YESHIVA UNIV, BRONX NY 10461

Degree Awarded: Yes

Degree Year: 1974



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: ST LUKE'S-ROOSEVELT-ST LUKES DIV
Sponsoring State: NEW YORK
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 07/1976 - 06/1979 (Verified) ✓

Sponsoring Institution: ST LUKE'S-ROOSEVELT H-ROOSEVELT DIV
Sponsoring State: NEW YORK
Specialty: GENERAL SURGERY
Dates: 07/1975 - 06/1976 (Verified) ✓

Sponsoring Institution: ST LUKE'S-ROOSEVELT H-ROOSEVELT DIV
Sponsoring State: NEW YORK
Specialty: GENERAL SURGERY
Dates: 07/1974 - 06/1975 (Verified) ✓

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1975

Current and/or historical medical licensure

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
MASSACHUSETTS ✓	MD	09/10/1997	10/18/2014	ACTIVE	UNLIMITED	10/31/2013
COLORADO ✓	MD	05/18/1995	05/31/2005	INACTIVE	UNLIMITED	06/09/2005
NEW YORK ✓	MD	11/10/1975	NOT RPTD	INACTIVE	UNLIMITED	01/11/2008

AMA files checked 11/20/2013 10:16:59 AMA Physician Profile for Lynn Borgatta MD



ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
XXXXXX036	22N 33N 4 5	07/31/2015	11/04/2013	Department Of Ob/Gyn, 6th Fl, 85 E Concord St, Boston, MA 02118-2335

Only the last three characters of active DEA numbers are displayed

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

Specialty Board Certification

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.



Certifying board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
 Certificate: OBSTETRICS & GYNECOLOGY
 Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
LIFETIME	01/01/1981			INITIAL	11/07/2013

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2013 American Board of Medical Specialties. All right reserved.

Action notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Public Health Service.



Additional Information

To date, there is no additional information for this physician on file.

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website (www.ama-assn.org/go/amaprofiles) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association
Division of Database Products
Attn: Physician Products Portfolio
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Fax: (312) 464-5900

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

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 20, 2013

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: November 20, 2013
Your Reference Number:
FSMB Batch Number: BQ2361530

The following is a final report of the search results from the Board Action Data Bank as of November 20, 2013 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 20, 2013

Item	Name	DOB	School	Yr/Grad	Request ID
1	BORGATTA, LYNN	10/18/1950	033020	1974	27053833

LICENSE HISTORY

State Board
COLORADO
MASSACHUSETTS
NEW YORK

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.

certification
requested 1/4/13

National Board of Medical Examiners

of the

United States of America

Lynn Borgatta, M.D.

having satisfied all the requirements and having successfully
passed the examinations is hereby declared a
Diplomate of the National Board of Medical Examiners

Attest

John S. Millis
Chairman, of the Board

Robert O. ...
President of

Philadelphia, Pa.
July 1, 1975



Certificat

Note
you did not ask
for any of these.
Verification of each
of these was properly
requested (except for
the board certification
which you don't
need).
Just a checklist
thank you
Lynn Borgatta

The Roosevelt Hospital
in the
City of New York

This is to certify that

Lynn Borgatta, M.D.

Upon recommendation of the Medical Board of The Roosevelt Hospital and upon its nomination, was appointed by the Board of Trustees one of the House Staff of the said Hospital and has performed her duties to the credit of herself and to the satisfaction of the undersigned, in the following capacities,

Intern, Surgery July 1, 1974 - June 30, 1975
Resident, Surgery July 1, 1975 - June 30, 1976

Witness the Corporate Seal of The Roosevelt Hospital and the signatures of the President, and the Secretary of the Board of Trustees, and the Officers of the Medical Board to this

Diploma

the thirtieth day of June in the year one thousand nine hundred and seventy-six.

Abigail Johnson
PRESIDENT OF THE MEDICAL BOARD

Kenneth T. Donaldson
SECRETARY OF THE MEDICAL BOARD

Walter A. Wilgus
DEPARTMENT CHAIRMAN

H. Whitfield Carter
PRESIDENT OF THE BOARD OF TRUSTEES

Stanley Greber
SECRETARY OF THE BOARD OF TRUSTEES

Peter Berengio
DIRECTOR OF THE HOSPITAL



Verification requested 10/30/13



ST · LUKE'S · HOSPITAL

ST · LUKE'S · HOSPITAL · CENTER

IN · THE · CITY · OF · NEW · YORK



WOMAN'S · HOSPITAL

BE · IT · KNOWN · BY · THESE · PRESENTS · THAT

LYNN · BORGATTA · M · D

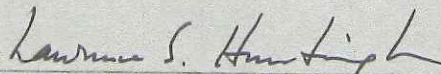
HAS · SERVED · UPON · THE · HOUSE · STAFF · OF · ST · LUKE'S · HOSPITAL · CENTER
IN · THE · CAPACITY · OF

RESIDENT · AND · CHIEF · RESIDENT · IN · OBSTETRICS · AND · GYNECOLOGY · (PGY · II · III & IV)

FOR · A · PERIOD · OF
THREE · YEARS

AND · HAS · FULFILLED · THE · REQUIREMENTS · OF · PROFESSIONAL · STUDY · AND · PRACTICE
PERTAINING · TO · HER · APPOINTMENT · AND · IS · BELIEVED · TO · POSSESS · ETHICAL
AND · SCIENTIFIC · IDEALS · WORTHY · OF · HER · PROFESSION · AND · MERITING · THE · APPROVAL
OF · THIS · HOSPITAL

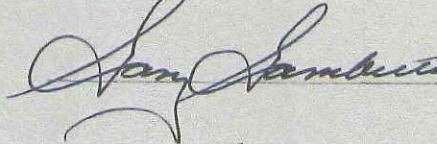
IN · WITNESS · WHEREOF · WE · HAVE · SIGNED · THIS · DIPLOMA · AND · AFFIXED
THE · SEAL · OF · THE · HOSPITAL · ON · THIS · THE · THIRTIETH · DAY · OF · JUNE
IN · THE · YEAR · OF · OUR · LORD · ONE · THOUSAND · NINE · HUNDRED · AND · SEVENTY · NINE



Chairman of the Board of Trustees



President of Medical Board



President



Attending Obstetrician/Gynecologist &
Director of Obstetrics & Gynecology



Verification
Requested
10/30/13

Verification
requested
10/30/13

ACTIVE STATE OF COLORADO

PRACTICE OF MEDICINE

34299	05/18/95	05/31/97
NUMBER	ISSUED	EXPIRES

LYNN BORGATTA, MD
175 TARRYTOWN RD.
WHITE PLAINS, NY 10607

BRUCE M. DOUGLAS

DIRECTOR-DIVISION OF REGISTRATIONS

SIGNATURE

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

DIVISION OF REGISTRATIONS

BOARD OF MEDICAL EXAMINERS

ACTIVE

PRACTICE OF MEDICINE

34299	05/18/95	05/31/97
NUMBER	ISSUED	EXPIRES

LYNN BORGATTA, MD
175 TARRYTOWN RD.
WHITE PLAINS, NY 10607

Bruce M. Douglas
DIRECTOR
DIVISION OF REGISTRATIONS

SIGNATURE

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT
LYNN BORGATTA

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK

THIS TENTH DAY OF NOVEMBER, 1975.

LICENSE NUMBER
125870

Eugene B. Higgins
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION

James R. Pridemore, M.D.
EXECUTIVE SECRETARY
STATE BOARD FOR MEDICINE

verification
requested 10/30/13

Verification
requested
10/30/13

The Commonwealth of Massachusetts

BOARD OF REGISTRATION IN MEDICINE

Established A. D. 1894

This is to Certify

That LYNN BORGATTA, M.D. of MASSACHUSETTS,

a Graduate of ALBERT EINSTEIN COLLEGE OF MEDICINE YESHIVA UNIV in the year 1974,

has been duly registered by this Board as a qualified physician, as provided by the laws of the Commonwealth.

Boston, Mass. September 10, 1997.

Nishan J. Kechejian, M.D., *Chairman*

Mary Anna Sullivan, M.D., *Secretary*

Certificate No. 155076

No 46257

Verification requested
10/30/13

YESHIVA UNIVERSITY

IN THE CITY OF NEW YORK

IN RECOGNITION OF THE SATISFACTORY FULFILLMENT OF THE REQUIRED COURSE OF STUDIES OF THE

ALBERT EINSTEIN COLLEGE OF MEDICINE

AND UPON THE RECOMMENDATION OF THE FACULTY OF THE COLLEGE HAS CONFERRED UPON

LYNN BORGATTA

THE DEGREE OF

DOCTOR OF MEDICINE

THEREBY ADMITTING HER TO THAT DEGREE WITH ALL THE RIGHTS, PRIVILEGES AND HONORS APPERTAINING THERETO. IN WITNESS WHEREOF THE SEAL OF THE UNIVERSITY AND THE SIGNATURE OF THE PRESIDENT OF THE UNIVERSITY AND THE DEAN OF THE FACULTY OF MEDICINE ARE HERETO AFFIXED.

GIVEN IN THE CITY OF NEW YORK ON THE 23RD DAY OF MAY IN THE YEAR OF 1974.

Samuel Belkin
PRESIDENT, YESHIVA UNIVERSITY

Moshe Keta
CHAIRMAN, BOARD OF TRUSTEES



Ernst R. Jaffe
DEAN, ALBERT EINSTEIN COLLEGE OF MEDICINE

M. Singer
CHAIRMAN, BOARD OF OVERSEERS

American Board of Obstetrics and Gynecology



COMPOSED OF MEMBERS NOMINATED BY THE
 AMERICAN GYNECOLOGICAL SOCIETY
 AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
 SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
 AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
 ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS
 CERTIFIES THAT

LYNN BORGATTA

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. SHE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT SHE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HER PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND SHE IS AN ACKNOWLEDGED

DIPLOMATE OF THIS BOARD

NOVEMBER 13, 1981



William J. Dignam
J. Jerry Hayashi
Ch. Christian
Leo J. Samm
Albert B. Barbic

PRESIDENT OF THE BOARD

John H. Isaacs, M.D.
Lo D. Zagasse
Brian Little
Roy M. Pitkin

SECRETARY AND TREASURER

John A. Merrill
Gloria L. Sarto, M.D.
Ruth W. Schwartz
Joseph L. Tuttle, M.D.
Luther M. Tolbert

John Moore

CHAIRMAN OF THE BOARD

THE AMERICAN COLLEGE
OF
OBSTETRICIANS AND GYNECOLOGISTS

CERTIFIES THAT

LYNN BORGATTA

HAVING FULFILLED THE REQUIREMENTS
HAS BEEN ELECTED A FELLOW OF THIS COLLEGE

WHICH IS DEDICATED TO THE MAINTENANCE OF THE HIGHEST STANDARDS
IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH IN OBSTETRICS AND GYNECOLOGY

MARCH 31, 1983

Brooks Ranney M.D.
PRESIDENT



William J. Nissen M.D.
SECRETARY

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Wednesday, November 20, 2013 2:36 PM
To: 'lygatta@gmail.com'
Subject: Pending MD license #MD.60433490

November 14, 2013

Dear Dr. Borgatta,

This is to acknowledge receipt of your fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

MISSING ITEMS

- Need postgraduate training verification**
- Need state license verification from NY**
- Need fingerprint packet completed and returned (we mailed this to you on 11/20/13)**

You can email me at anytime for a current status update on your application file.

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

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at the address listed below.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: <http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx>

“Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education.”

Lynn Borgatta, MD, MPH
10 Rogers Street, Apartment 604
Cambridge, MA 02142-1250
lygatta@gmail.com

1 - DOH Licensee Health Pr...

October 31, 2013

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

Dear People:

I am enclosing the forms for professional liability actions with supporting documents. I am not certain whether you need additional information or documentation.

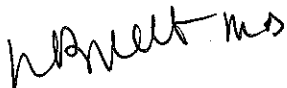
All of these occurrences were related to practice in the Bronx, which has an active culture of malpractice claims, between 1979 and 1989. The last one was 24 ½ years ago. Three of the six occurrences were discontinued by the plaintiffs. There were all situations in which every physician with legible handwriting who ever saw the patient was named, and the field narrowed later. Three occurrences ended in settlement. Two of those are in the National Practitioner Data Bank, and the earliest I think occurred before the Bank was created.

I would appreciate it if you would let me know if you need additional information. I assume that records that far back can be unearthed, but I don't know how long it would take.

I enclosed a stamped envelope, but email is faster and more secure.

I appreciate your attention to this matter.

Sincerely,



Lynn Borgatta, MD, MPH

Lynn Borgatta, MD, MPH
10 Rogers Street, Apartment 604
Cambridge, MA 02142

lygatta@gmail.com

1 - DOH Licensee Health Pro...

November 10, 2013

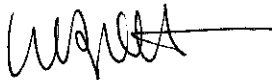
State of Washington
Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Dear People:

Enclosed please find an application for medical licensure and the fee of \$491. As I may have omitted something, there is a self-addressed envelope. In particular, I wasn't sure what you needed for malpractice action information. The latest item is over 24 years old. The last time I got a license they wanted the last 15 years.

Thank you very much for your attention to this application.

Sincerely,



Lynn Borgatta, MD, MPH

Thompson, Dawn (DOH)

From: Lynn Borgatta [lygatta@gmail.com]
Sent: Wednesday, December 11, 2013 6:06 AM
To: Thompson, Dawn (DOH)
Subject: Re: Pending MD license #MD.60433490

Thank you for the update. I really appreciate the feedback!

At this point:

1) I will wait a little longer for the residency verification. Those hospitals have merged and separated and I'm not surprised that they are slow at digging out ancient history. If there is no information after the holidays I will start nagging.

2) When I put in a request by mail, the State of New York requested \$20, which I sent over a month ago. The check has not been cashed. When I went on line to try to request it some other way, the website indicated that they didn't do any other verification than the website, so I couldn't figure out any other method. The website link is :

<http://www.op.nysed.gov/opsearches.htm#licno> put in my license #125870, or you can back out and put in my name

I found the site by googling New York medical license verification; it was very easy.

3) The fingerprint package was completed and sent about 2 weeks ago so you should have received it by now.

So this is moving along. Please let me know of any other deficiencies and I will work on them.

Best regards,

Lynn Borgatta, MD, MPH

On Wed, Nov 20, 2013 at 5:35 PM, Thompson, Dawn (DOH) <Dawn.Thompson@doh.wa.gov> wrote:

November 14, 2013

Dear Dr. Borgatta,

This is to acknowledge receipt of your fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

MISSING ITEMS

Need postgraduate training verification

Need state license verification from NY

Need fingerprint packet completed and returned (we mailed this to you on 11/20/13)

You can email me at anytime for a current status update on your application file.

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

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at the address listed below.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist

Medical Quality Assurance Commission

Washington State Department of Health

PO Box 47866, Olympia WA 98504-7866

Email: dawn.thompson@doh.wa.gov

phone [360-236-2765](tel:360-236-2765)

fax [360-236-2795](tel:360-236-2795)

Web address: <http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx>

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Friday, March 07, 2014 7:56 AM
To: 'Lynn Borgatta'
Subject: RE: Pending MD license #MD.60433490
Attachments: postgraduate training.pdf

Yes, Lori would be the correct person to contact. I pulled your file and it appears that we are just needing the postgraduate training verification from Roosevelt 7/74-6/76. I have attached the form that you can use to re-request this. We have not received it at this time.

Thank you,

Dawn Thompson

Dawn Thompson, Credentialing Lead
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2768
fax 360-236-2795
Web address: <http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx>

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education."

From: Lynn Borgatta [<mailto:lygatta@gmail.com>]
Sent: Thursday, March 06, 2014 11:17 PM
To: Thompson, Dawn (DOH)
Subject: Re: Pending MD license #MD.60433490

Dear Ms. Thompson,

Thank you for your help so far. I am writing because I haven't heard anything about the status of my application in quite a while. While I appreciate the potential cost savings from getting it closer to my birthday, I would like to know if there is anything else for me to do now. I did write to Ms. Nimon a few weeks ago, but I wasn't sure whether she was the right person to contact or not.

Your assistance is greatly appreciated.

Sincerely,

Lynn Borgatta, MD, MPH

On Wed, Nov 20, 2013 at 5:35 PM, Thompson, Dawn (DOH) <Dawn.Thompson@doh.wa.gov> wrote:

November 14, 2013

Dear Dr. Borgatta,

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Need fingerprint packet completed and returned (we mailed this to you on 11/20/13)

You can email me at anytime for a current status update on your application file.

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

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at the address listed below.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist

Medical Quality Assurance Commission

Washington State Department of Health

PO Box 47866, Olympia WA 98504-7866

Email: dawn.thompson@doh.wa.gov

phone [360-236-2765](tel:360-236-2765)

fax [360-236-2795](tel:360-236-2795)

Web address: <http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx>

“Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education.”

Dear Dr. Borgatta,

This is to acknowledge receipt of your fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

MISSING ITEMS

Need postgraduate training verification

Need state license verification from NY

Need fingerprint packet completed and returned (we mailed this to you on 11/20/13)

You can email me at anytime for a current status update on your application file.

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

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Credential View Screen [update]



<p>Lynn Borgatta Address: <input type="radio"/> Public <input checked="" type="radio"/> Mail <input type="button" value="[change mail address]"/> Lynn Borgatta 10 Rogers St Apt 604 Cambridge, MA 02142-1250</p>	<p>ID: 1106395 Warnings SSN/FEIN: <input type="text" value="2-DOH Licensee Soc..."/> Contact Standing: Living Contact Type: INDIVIDUAL Birth Date: 10/18/1950 Public File: YES Mailing List US Citizen Email: lygatta@gmail.com</p>	<p>Contact Audit Enforcement Cont. Edu Documents Owned By/K Exams Experience Notes Schools Librarian Application Other State Online Info</p>
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Comments:

Physician And Surgeon License [update] [form letter]

<p>Credential # MD.MD.60433490 Application Date 11/19/2013 Effective Date Expiration Date First Issuance Date Last Date Of Contact 01/02/2014 CE Due Date</p>	<p>Credential Status PENDING (11/20/2013) Status Reason INITIAL APPLICATION IN PROCESS Amount Due \$0.00 Date Last Activity 1/2/2014 9:04:54 AM Last Updated by Shay-Latchaw, Amanda Certificate Sent Date</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Status</p>
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Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow

RECEIVED

JAN 30 2014

User Definable License Data

Field Value

[update]

Field

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

Value

Method of Licensure	ENDORSEMENT
Medical Speciality	OB / GYN
HEAL WA Fee Not Included	Yes
Cash Receipt Sequence Number	02878
Cash Receipt Date	20131119
Cash Receipt Batch Number	0601
MD Survey 6a. US State Degree	
MD Survey 6b. Foreign Degree	
MD Survey 7a. Reside in WA State?	
MD Survey 7b. If Not Residing in WA State	
MD Survey 7c. Home State	
MD Survey 8. Practice in WA State?	
MD Survey 9a. Primary Site Zip	
MD Survey 9b. Secondary Site Zip	
MD Survey 10a1. Residency Accredited by ACGME?	
MD Survey 10a2. Residency Specialty	
MD Survey 10a3. Residency Subspecialty	
MD Survey 10b1. Board Certified by ABMS?	
MD Survey 10b2. ABMS Specialty	
MD Survey 10b3. ABMS Subspecialty	
MD Survey 10b4. Other Certification Body	
MD Survey 10b5. Other Certification Specialty	
MD Survey 11a. Practice Primary Specialty	
MD Survey 11a1. Other Primary Specialties	
MD Survey 11b. Practice Secondary Specialty	
MD Survey 12a. Practice Type	
MD Survey 12b. Single Specialty Size of Group	

FINGERPRINT

JAN 29 2014

CSO/Credentialing Background

BORGATTA, LYNN MD PAGE 79
 Medical Quality Assurance Commission
 Physician Application Worksheet

Name BORGATTA, LYNN Date of Birth 10/18/1950

Date Received 11/19/13 Temp Issued Number Closed

WSP Check Fee Photo Data1-13 AIDS Attes SSN EBHAR

Chronology
 Complete
 MISSING
 _____ to _____
 _____ to _____
 _____ to _____

11/19/13 FSMB 11/19/13 AMA ECFMG 11/30 FBI REPORT

Personal Data "Yes"s

Documentation Received

Malpractice Cases	Synopsis	Disposition
1 ✓ May-80 <i>K in</i>	X	X
2 ✓ Aug-84 <i>Siggelke</i>	X	X
3 ✓ Aug-89 <i>RIVERA</i>	X	X
4 ✓ Jun-87 <i>Festroye</i>	X	X
5 ✓ Jun-89 <i>McAlpin</i>	X	X
6		
7		

Medical School

Name ALBERT EINSTINE Year of Degree 1974 11/8/13 Transcripts Translations

Examination Type National FLEX USMLE State Exam LMCC 11/15/13 Scores Received

Post Graduate Training Programs

Received	Training Programs
<input checked="" type="checkbox"/>	ROOSEVELT 7/74-6/76 ✓
<input checked="" type="checkbox"/>	ST LUKES 7/76-6/79 ✓

Post Graduate Training Programs

Received	Training Programs

Received	State
<input checked="" type="checkbox"/> 11/14/13	CO ✓
<input checked="" type="checkbox"/> 11/12/13	MA ✓
<input checked="" type="checkbox"/> 11/25	NY ✓

Received	Hospital verification	Received	Hospital verification
<input checked="" type="checkbox"/> 11/8/13	BOSTON MED CTR ✓		

Approved *Dan Thompson* Signature Date 6/6/14

Comments: malpractice approved by Dr. Hays

Redaction Summary (21 redactions)

3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (5 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (14 instances)



- Page 5, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 5, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 12, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
- Page 13, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 14, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 15, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 16, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 19, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 20, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 21, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 22, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 23, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 24, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 38, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 42, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 69, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 70, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 78, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance