

# DEFICIENCY LETTER LOG SHEET

ITEM	Calendar Date	Julian Date
Application Received	9/16/98	259
Deficiency Letter 1	9/22	265
Deficiency Letter 2	10/9	282
Deficiency Letter 3		
Deficiency Letter 4		
Deficiency Letter 5		
Deficiency Letter 6		
Deficiency Letter 7		
Deficiency Letter 8		
Deficiency Letter 9		
Deficiency Letter 10		
Deficiency Letter 11		
Deficiency Letter 12		
Deficiency Letter 13		
Deficiency Letter 14		
Deficiency Letter 15		
Deficiency Letter 16		
Deficiency Letter 17		
Deficiency Letter 18		
Deficiency Letter 19		
Deficiency Letter 20		



## Physician Application Worksheet

Name Zumwalt, Theresa

License Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Received 9/16/98Date Completed 10/27Signature Theresa Zumwalt

☒ 9/21 Fee ☒ Photo ☒ Personal Data ☒ AIDS ☒ Affidavit ☐ Archive File

Chronology

☐

Complete

Missing:

to \_\_\_\_\_  
 to \_\_\_\_\_  
 to \_\_\_\_\_

☐ Temporary Permit Requested

Status

7/20

FSMB

8/6

AMA

☐

ECFMG

☐

Reinstatement

Personal Data Questions

Documentation Received

Malpractice Cases

Synopsis Original Complaint Disposition

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_


6/16/11

Medical School

Name U. Illinois Year of Degree 71
☐ U.S.

☐ Canadian

☐ International

☒ 10/2 Transcripts

☐ Translations

Examination Type

☐ National Boards

☐ FLEX

☐ USMLE

☐ State Exam

☐ LMCC

☒ 7/27 Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
10/23	BASch 7/71-7/75		10/23	U. Cal. F. 7/85-7/86	
9/24	Methodist 7/73-7/74		10/5	U. Cinn. 7/82-12/83	

Received	State Licensure	Received	Hospital Privileges
10/20	NY	10/11	King/Drew
9/24	Oh	<del>X</del>	<del>HARV</del> over 5 yrs during Deep Storm
10/12	CA		
10/5	VA		
9/98	MD		
10/27	TX		

Approved

Signature Theresa Zumwalt

Date

10-30-98

Comments:

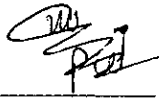
Return with check or money order to ensure proper credit of your license application fee.

## Physician & Surgeon

Theresa Zumwalt, M.D.  
G54501

Theresa Zumwalt, M.D.  
G54501

# DEPOSIT CREDIT

6 July 98   
DATE

NAME (Please Print)

Revenue Section  
P.O. Box 1099  
Olympia, Washington 98507-1099



Check

Money Order

\$ 325<sup>00</sup>

#2311

Please note amount enclosed, and return with your application.

RECEIVED  
SEP 21 1998  
HPD

THERESA ZUMWALT, MD  
900 Marvista  
Seal Beach, CA 90740-5840

1A 0252090000 00237



Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099  
(360) 753-2844  
(360) 664-3909

RECEIVED  
SEP 16 1998  
Section 5

FOR OFFICE USE ONLY	
ISSUANCE DATE	10-30-98
LICENSE #	36846

LICENSE #

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

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

**Please Type or Print Clearly** - Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

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

### I. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME: LAST ZUMWALT, FIRST A. (ANN) ANN ~~MIDDLE INITIAL~~ ~~DO NOT USE~~

ADDRESS: 900 MARVISTA

CITY: SEAL BEACH STATE: CA ZIP: 90740 COUNTY: ORANGE  
5840

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-919-030, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) MESSAGE: (562) 493-3147  
(310) 1668-4605

SOCIAL SECURITY NUMBER

1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

GENDER: ☒ Female ☐ Male BIRTHDATE (MO/DAY/YEAR): 11/13/45 PLACE OF BIRTH: LIBERTY VILLE, ILLINOIS, U.S.A.

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

Have you ever been known under any other name(s)? ☒ Yes ☐ No MAIDEN (1970's)  
SCHAR

If yes, list name(s): SCHAR (in medical school) MAIDEN NAME

HEIGHT: 5'6 WEIGHT: 116  
EYE COLOR: HAZEL HAIR COLOR: BROWN

MEDICAL SCHOOL: UNIVERSITY OF ILLINOIS; CHICAGO YEAR OF GRADUATION: 1971  
MEDICAL SPECIALTY: OB/GYN; HUMAN PSYCHOLOGY & SEX EDUCATION



## 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 explain.

☐ ☒

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

- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

*[MYOPIA WITH CORRECTIVE LENSES]*

- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

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

☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?

☐ ☒

4. Are you currently engaged in the illegal use of controlled substances?

☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

**If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.**

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs?

☐ ☒

b. a charge of a sex offense?

☐ ☒

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)

☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings 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, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?

☐ ☒

b. committed any act involving moral turpitude, dishonesty or corruption?

☐ ☒

c. violated any state or federal law or rule regulating the practice of a health care professional?

☐ ☒

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements.

☐ ☒

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?

☐ ☒

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?

☐ ☒

## 2. PERSONAL DATA QUESTIONS (continued)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 3. EDUCATION AND EXPERIENCE

Provide a chronological listing of your educational preparation and post-graduate training.  
(Attach additional 8 1/2 X 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (Mo/Yr)	
Medical Education (List all Medical Schools Attended) UNIVERSITY OF ILLINOIS CHICAGO, ILL.	4	SEPT 1967	JUNE 1971	M.D.
N/A				
Post-Graduate Training (List all Programs Attended) UNIV of CINCINNATI: SPECIAL PELVIC SURGERY	18 MONTHS	JULY 1982	DEC 1983	FELLOWSHIP PRESENT
UNIV of (IRVINE) CALIF GYN-OBSTETRICS FELLOWSHIP	1 year	JULY 1985	JUNE 1986	FELLOWSHIP PRESENT
BASSEH HOSPITAL; OB-GYN RESIDENCY COOPERSTOWN NY	3 YEARS	JUNE 1971	JULY 75	4 YEARS; OB-GYN RESIDENCY
METHODIST HOSPITAL; OB-GYN RESIDENCY DALLAS TEXAS	1 YEAR	JULY 73	JULY 74	

## 4. PROFESSIONAL EXPERIENCE

In chronological order list all professional experience received since graduation from medical school to the present.  
(Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)  
(Attach additional 8 1/2 X 11 sheets if necessary.)

See LIFE LINE & C.V. Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (Mo/Yr)

## 5. HOSPITAL PRIVILEGES

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	DATES	
	Beginning (mo/yr)	Ending (mo/yr)
KING/DREW MEDICAL CENTER; Dept OB/GYN 12021 S. WILMINGTON LOS ANGELES CA 90059-0031	MARCH 1989	PRESENT
NAVY REGIONAL MED CENTER: OPERATION DESERT STORM SAN DIEGO SAN DIEGO CALIF	OCT 1990	OCT 1991 *
SEVEN YEARS; LAST PREVIOUS HOSPITAL N/A		
PRIVILEGES N/A		

**6. LICENSES IN OTHER STATES**

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

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations on License
			Examination (Date Passed)	Endorsement		
NEW YORK	1972	#113130	1 July 1972		INACTIVE	NONE
OHIO	1978	#42600	—	NOV 78	ACTIVE	NONE
CALIFORNIA	1985	G54501	—	MAY 85	ACTIVE	NONE
VIRGINIA	1986	#40404	—	1986	ACTIVE	NONE
MARYLAND	1996	#D0051100	—	1996	INACTIVE	NONE
*TEXAS*	1975	#E5297	—	1975	CANCELED	NONE
						by ME 1985*

**8. AIDS AFFIDAVIT**

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS. I understand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Department of Health if requested. (WAC 246-919-380)

Theresa Zumwalt MD

APPLICANT'S SIGNATURE

7 July 1998

DATE

**THERESA ZUMWALT, M.D.**

**M.L.K. # 276908**

**G54501**

**9. APPLICANT'S ATTESTATION**

I, Theresa Zumwalt MD, certify that I am the person described and identified in this application, that I have read 18.130.170 RCW and 18.130.180 RCW, of the Uniform Disciplinary Act, and that I have answered all questions in the application truthfully and completely and the documentation provided in support of the application is, to the best of my knowledge, accurate. I understand that the Department may require additional information from me prior to making a determination regarding my application.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Commission any information, files or records required by the Commission for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Commission may request a physical and mental evaluation to determine my fitness for practice.

Theresa Zumwalt MD

APPLICANT'S SIGNATURE

7 July 1998

DATE

**Official Use Only**

**Washington State Records  
Center**

RE: Life-line  
Zumwalt, Theresa , MD, # 1 - DOH Licensee Soci...

DATE:	EVENT:
1963	Libertyville Highschool graduation
1963-1967, June	University of Illinois Undergraduate School
1967(Sept)- 1971(June)	University of Illinois Medical School
1971(June)-1975(July)	Bassett Hospital internship and OB/GYN residency
1973(July)-1974(July)	3rd year OB/GYN residency (Dallas with ex-husband's job)
1975(August- Sept)	Sleeping off my residency!!
1975(Sept)-1976(June)	Clinical Instructor Southwestern OB clinics (Dallas)
1976(July-Sept)	Delivery 1st child, Camp Legeune, NC
1976(Oct)-1978(Oct)	Active duty, ob/gyn staff, Navy Hospital, NC
1978(Nov)-1979(Jan)	Nursing 2nd child, taking oral board exam, moving family to Ohio
1979(Feb)-1980(Nov)	Pre-term staff, washing diapers, shoveling snow.....
1980(Nov-Dec)	Moved family to Cincinnati
1981(Jan)-1985(June)	Planned Parenthood Cinc., Assist. Medical Director
1982(July)-1983(Dec)	Special Pelvic Surgery Fellowship, Univ. of Cinc., Dept. OB/GYN
1984(Jan)-1985(June)	Women's Center, GYN staff physician.
1985(July)-1986(June)	Gyn/urology Fellowship, Univ. of Calif., Irvine; divorce
1986(July)-1988(Feb)	Inglewood Women's Hospital, GYN staff physician, Los Angeles
1988(March)-Present	Planned Parenthood, LA.; GYN staff physician
1988(April)-1991(June)	Cigna Health Care, GYN staff, LA, CA.
1989(March)-Present	M.L.King, Dept. OB/GYN, Assis. Clinical Professor, LA,CA.

**CURRICULUM VITAE**

**THERESA ZUMWALT, M.D., F.A.C.O.G.**

**PERSONAL DATA:**

BORN: November 13, 1945  
Libertyville, Illinois

**EDUCATION:**

PREPARATORY SCHOOL      **LIBERTYVILLE PUBLIC SCHOOL SYSTEM**  
Libertyville, Illinois  
1950-1963      --

COLLEGE:      **UNIVERSITY OF ILLINOIS**  
Urbana, Illinois  
B.S. Physiology  
1963-1967

MEDICAL SCHOOL:      **UNIVERSITY OF ILLINOIS**  
P.O.Box 6998 Chicago, Illinois 60680  
MEDICAL DOCTOR  
1967-1971

**TRAINING:**

OBSTETRICS/GYNECOLOGY      **MARY IMOGENE BASSETT HOSPITAL**  
Cooperstown, New York 13326  
ROTATING INTERNSHIP  
1971-1972

ASSISTANT RESIDENT  
1972-1973

**METHODIST HOSPITAL**  
P.O. Box 225999,  
Dallas, Texas 75265  
SECOND YEAR RESIDENT  
1973-1974

**MARY IMOGENE BASSETT HOSPITAL**  
Cooperstown, New York 13326  
CHIEF RESIDENT  
1974-1975

**FELLOWSHIPS:**

**UNIVERSITY OF CINCINNATI, DEPT. OF OB/GYN**  
231 Bethesda Avenue, Cincinnati, OH 45267  
ADVANCED PELVIC SURGERY FELLOWSHIP  
July, 1982 - December, 1983

**FELLOWSHIPS Con't:**

**UNIVERSITY OF CALIFORNIA, IRVINE, DEPT. OF OB/GYN**  
101 The City Drive South, Orange, CA 92668  
GYN UROLOGY FELLOWSHIP  
July 1985 - June 1986

**PROFESSIONAL LICENSES:**

New York State Medical License #113130 (1972-present)  
Texas State Medical License #E5297 (1975-1985)  
Ohio State Medical License #42600 (1978-present)  
California State Medical License #G54501 (1985-present)  
Virginia Commonwealth Medical License #40404 (1986-present)  
State of Maryland #D0051100 (1996-present)

**F.D.A. LICENSURE:**

Gynecological Nd/YAG Laser Investigational Permit  
Cooper Medical, (1984-1986)

**PSYCHOLOGICAL TESTING ACCREDITATIONS:**

M.B.T.I. #75068 July 1987 - present  
Consulting Psychologist Press Inc.  
3803 E. Bayshore Rd., Palo Alto, CA 94303

Personalty Profiler April 1996 - present  
H.R.D. - Human Resource Dimensions  
8 Union Street, P.O. Box 446  
Concord, NM 03302

**MILITARY EXPERIENCE:**

**NAVY REGIONAL MEDICAL CENTER**  
Camp Lejeune, North Carolina 28542]  
LIEUTENANT COMMANDER/MEDICAL CORPS/USNR  
Staff Obstetrician & Gynecologist 1976-1978

**NAVY HOSPITAL SAN DIEGO**  
San Diego, California 92134-5000  
COMMANDER/MEDICAL CORPS/USNR  
Staff Gynecologist, "Operation Dessert Storm"  
October 2, 1990 - April 30, 1991

**BOARD CERTIFICATION:**

**AMERICAN BOARD OF OBSTETRICIANS AND GYNECOLOGIST**  
June, 1980

**PROFESSIONAL APPOINTMENTS:**

**UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL**  
Dallas, Texas 75235  
CLINICAL INSTRUCTOR, DEPARTMENT OF OB/GYN  
Maternity & Family Planning Clinics  
1975-1976

**PLANNED PARENTHOOD OF GREATER CLEVELAND**  
2027 Cornell, Cleveland, Ohio 44106  
GYNECOLOGIST  
1979

**PRETERM, INC**  
10900 Carnegie, Cleveland, Ohio 44106  
STAFF GYNECOLOGIST  
1979-1980

**WARRENSVILLE DEVELOPMENT CENTER**  
4329 Green Road, Cleveland, Ohio 44122  
CONSULTING GYNECOLOGIST  
1979-1980

**MAHONING WOMEN'S CENTER**  
420 Oak Hill, Youngstown, Ohio 44502  
STAFF GYNECOLOGIST  
1979-1980

**UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE**  
Office of the Dean  
FRESHMAN PRECEPTOR PROGRAM  
1981, 1982, 1984

**PLANNED PARENTHOOD ASSOCIATION OF CINCINNATI**  
2406 Auburn Avenue, Cincinnati, Ohio 45219  
MARGARET SANGER CENTER  
1980-1985

**ASSISTANT MEDICAL DIRECTOR**  
1982-1985

**PROFESSIONAL APPOINTMENTS Con't:**

**UNIVERSITY OF CINCINNATI DEPT. OF OBSTETRICS AND GYNECOLOGY**  
231 Bethesda Avenue, Cincinnati, Ohio 45267-0526  
VOLUNTARY CLINICAL INSTRUCTOR  
January 1984 - 1986

**WOMEN'S CENTER OF CINCINNATI**  
173 East McMillan, Cincinnati, Ohio 45219  
STAFF GYNECOLOGIST  
January 1984 - July 1985

**WEST COAST WOMEN'S MEDICAL GROUP**  
426 East 99th Street, Inglewood, California 90301  
STAFF GYNECOLOGIST  
September 1985 - February 1988

**UNIVERSITY OF CALIFORNIA, IRVINE**  
**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**  
101 The City Drive South, Orange, California 92668  
CLINICAL INSTRUCTOR  
July 1985 - October 1986  
ASSISTANT CLINICAL PROFESSOR  
October 1986 - March 1991

**CHOICE MEDICAL CLINICS**  
15251 National Ave., Suite 106, Los Gatos, CA 95030  
GYNECOLOGIC SURGEON  
May 1987 - Present

**PLANNED PARENTHOOD OF LOS ANGELES**  
(213)223-4462  
Chief D&E Surgeon  
April 1987 - Present

**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE/  
KING/DREW MEDICAL CENTER, DEPT. OF OB/GYN**  
1621 East 120th Street, Los Angeles, CA 90059-0031  
(310) 668-4605 fax (310)604-9570  
CLINICAL INSTRUCTOR  
March 1989 - November 1990

ASSISTANT CLINICAL PROFESSOR  
November 1990 - Present

**CEDAR SINAI HOSPITAL, DEPT. OF OB/GYN**  
Attending Physician, Supervisor of Residency Training  
At Planned Parenthood, Los Angeles (213)226-0229  
January 1997 - Present

**PUBLICATIONS:**

Rokitansky-Kuster-Hauser Syndrome Associated with a Compound Mesodermal "Embryopathy" JOURNAL OF REPRODUCTIVE MEDICINE; 30:890, November 1985.

A Comparison of Artificial Sapphire Tip with a Quartz Tip "In Vitro" Endometrical Ablation. COLPOSCOPY AND LASER SURGERY, Vol. 2:47. 1986.

Endometrial Ablation. in Ojuro Y, Joffe S (eds): ADVANCES IN ND/YAG SURGERY, Springer, New York, 1987, pp 192-199.

Significance of a First-Time Atypical PAP Smear in Young High Risk African-American and Latino American Population. JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, April 1994, Vol. 86 No. 4 p. 273.

**PROFESSIONAL AWARDS:****NAVY HOSPITAL SAN DIEGO**

Dept. of OB/GYN

"SPECIAL ASSISTANCE"

Dessert Storm 1990-91

**PLANNED PARENTHOOD OF LOS ANGELES**

"DISTINGUISHED SERVICE"

June 1992

**PROFESSIONAL ASSOCIATIONS:**

AMERICAN WOMEN'S MEDICAL ASSOCIATION

1972 - Present

CLEVELAND ACADEMY OF MEDICINE

1979 - 1980

CLEVELAND OBSTETRICS AND GYNECOLOGY SOCIETY

1980

FELLOW, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGIST

1980 - Present

ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS

1980 - 1986

**PROFESSIONAL ASSOCIATIONS Con't:**

CINCINNATI ACADEMY OF MEDICINE  
1981 - 1986

CINCINNATI OBSTETRICS AND GYNECOLOGY SOCIETY  
1983 - 1986

AMERICAN SOCIETY OF COLPOSCOPISTS AND CERVICAL PATHOLOGIST  
1984 - Present

GYNECOLOGIC LASER SOCIETY  
1985 - Present

AMERICAN URO-GYNECOLOGIC SOCIETY  
1984 - 1988

ASSOCIATION FOR PSYCHOLOGICAL TYPE  
1986 - 1988 Southern California Board Member at Large  
1986 - 1997

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN  
1996 - Present

ASSOCIATION OF PROFESSORS OF GYNECOLOGY & OBSTETRICS  
1996 - Present

**HOSPITAL AFFILIATIONS:**

**NAVY REGIONAL MEDICAL CENTER**  
Camp Lejeune, North Carolina 20842  
Active Duty Staff Privileges (Ob/Gyn)  
1976 - 1978

**UNIVERSITY OF CINCINNATI HOSPITAL/HOLMES HOSPITAL**  
234 Goodman Street, Cincinnati, Ohio 45267  
GYNECOLOGY PELVIC SURGERY FELLOWSHIP  
July 1982 - December 1983

COURTESY GROUP PRIVILEGES  
1983 - 1986

**CHRIST HOSPITAL**  
2139 Auburn Avenue, Cincinnati, Ohio 45207  
COURTESY GROUP PRIVILEGES  
1981 - 1985

**BETHESDA HOSPITAL**  
619 Oak Street, Cincinnati, Ohio 45207  
COURTESY GROUP PRIVILEGES 1984 - 1986

**HOSPITAL AFFILIATIONS Con't:****JEWISH HOSPITAL**

3200 Burnet Avenue, Cincinnati, Ohio 45229  
COURTESY GROUP PRIVILEGES  
1984 - 1986

**MEMORIAL WOMEN'S MEDICAL CENTER**

2801 Atlantic Avenue, Long Beach, California 90806  
GYNECOLOGY STAFF PRIVILEGES  
1985 - 1990

**UNIVERSITY OF CALIFORNIA, IRVINE MEDICAL CENTER**

101 City Drive South, Orange, California 92668  
OB/GYN STAFF PRIVILEGES  
1985 - 1991

**INGLEWOOD WOMEN'S HOSPITAL**

426 East 99th Street, Inglewood, California 90301  
GYN STAFF PRIVILEGES  
June 1986 - February 1988

**MARTIN LUTHER KING, JR. HOSPITAL/DREW MEDICAL CENTER**

12021 S. Wilmington Avenue, Los Angeles, California 90059  
GYN STAFF PRIVILEGES  
March 1989 - Present

**NAVY HOSPITAL, SAN DIEGO**

San Diego, California 92134-5000  
OB-GYN STAFF PRIVILEGES  
October 1990 - October 1991

# EXCELLENCE

*1998*  
*APGO Excellence in Teaching Award*  
*is presented to*

*Theresa A. Zumwalt, MD*

*by the*  
*Association of Professors of Gynecology and Obstetrics*  
*and the Department of Obstetrics and Gynecology at*  
*Charles R. Drew University of Medicine and Science*

*in recognition of her outstanding contributions*  
*to the field of obstetrics and gynecology*

UNIVERSITY OF ILLINOIS- COLLEGE OF MEDICINE

ZUMWALT

High School

Name /Schar, Theresa Ann

Attended Libertyville H.S.

File No. 158586

Address 500 S Broadway, Libertyville, Illinois 60088

College Credits & Sources University of Illinois College of Nursing (4) University of Illinois (11)

Birthdate 11/13/45

Birthplace Libertyville, Illinois

Degree B.S. 1967

SS#

1-DOH License Social Sci.

DEGREE: Doctor of Medicine, June 11, 1971

DESCRIPTIVE TITLE OF COURSE	HOURS	GRADE	DESCRIPTIVE TITLE OF COURSE	HOURS	GRADE
1967-68 (9/25 - 6/7)			Neurology		
Anatomy (Gross)	160	B-s	Surgery		
Histology	120	B-s	Summer Quarter 1970 (6/22-9/5/70)		
Neuroanatomy	60	C	Orthopaedics		
Biological Chemistry	120	B	Obstetrics & Gynecology		
Basic Science Clinic	14	Pass	1970-71 (9-28-70/6-11-71)		
Physiology	148	C	Fall Quarter 1970-71 9-28-70/12-12-70		
Psychiatry	30	B	Alternate Quarter - Surgery		
Genetics	30	Pass	Spring Quarter 1970-71 3-29-71/6-11-71		
Behavioral Sciences	30	Pass	Alternate Quarter - Hematology		
Obstetrics & Gynecology			- Medicine		
(Conception Control)	360		- Burn Unit		
First year completed satisfactorily					
Promoted to second year in good standing June 24, 1968					
First Year Average 3.673					
Rank 63 in Class of 191					
1968-69 (9/30-6/12)					
Examination of the Patient	120	B-s			
Microbiology	117	B-s			
Pathology	31	C-s			
Pharmacology	120	B			
Preventive Medicine	31	Pass			
Psychiatry	21	Pass			
Introduction to Medicine	50	Pass			
Comprehensive Examination, including NBE Part I,					
Passed June 1969					
1969-70 (6/23 - 6/12)					
Medicine (In-Patient)					
Pediatrics					
Dermatology					
Medicine (Out Patient)					
Psychiatry					

O, S, U = Outstanding, Satisfactory or Unsatisfactory in Laboratory Practicals

Sarah A. Crawford Registrar

**TRANSCRIPT EXPLANATION**  
The University of Illinois at Chicago  
Office of Admissions and Records (M/C 018)  
Box 5220, Chicago, Illinois 60680  
(312) 996-4380

## 1. ACCREDITATION

The University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools, and by many other agencies. For specific program accreditation information, refer to the University catalog.

## 2. ACADEMIC CALENDAR/UNIT OF CREDIT

### Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

### September 1965 - August 1991: Quarter Calendar

The University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

### September 1946 - September 1965: Semester Calendar

## 3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

## 4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red security paper and carry the signature of an administrative official and the seal of the University.

## 5. ACADEMIC STATUS

- A. In Good Scholastic Standing: The student has met the scholastic requirements of the college or curriculum.
- B. On Scholastic Probation: The student's cumulative average and/or most recent term average is below the requirement of the college or curriculum.
- C. Dropped for Poor Scholarship: The student has failed to meet the scholastic requirements of the college and curriculum and is not eligible to continue in the University.
- D. Status Undetermined: A student who has received a grade of "IN" may be placed on this status until a letter grade is assigned.
- E. Withdrew: A student who left the University before establishing credit.

## 6. GRADING SYSTEM

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
E**	E by Rule	1 point per hour
Ab	Failure because of absence from final examination without excuse. (This grade was eliminated from the grading system as of Fall 1970.)	

### Other Grade Symbols (not included in GPA computation)

P	Pass	For courses taken under the Pass/Fail option, P is recorded on the transcript if the letter grade A, B, C or D is assigned.
F	Fail	For courses taken under the Pass/Fail option, F is recorded on the transcript if the letter grade E is assigned.
W	Withdrew	Officially withdrew from the course without penalty.
IN	Incomplete	For undergraduates, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment, or no later than one calendar year if student is not enrolled.
DF	Deferred	Used for thesis courses, continuing seminar, sequential courses, certain study abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DF must be converted to a specific letter grade, to an IN, or to an S or U.
S	Satisfactory	Used in graduate thesis research courses, in zero-credit graduate courses, and in specifically approved courses.
U	Unsatisfactory	

## 7. SPECIAL NOTATIONS OR SYMBOLS IN USE ON TRANSCRIPT

(Immediately preceding course number, grade, or credit entry)

- [] Graduate Credit
- & Honors course section or honors credit
- E Extramural courses — administered by the Office of Extension
- X Correspondence courses — administered by the Office of University Continuing Education
- # Official grade correction
- \* Credit earned by proficiency or special examination
  - 1. Proficiency examinations: Examinations for advanced standing in regular University courses. (Only Pass results reflected.)
  - 2. Special examinations: Examinations in courses previously taken in residence at the University of Illinois in which failing grades have been received or in University of Illinois correspondence courses in which a grade of D or E has been received. (Results reflected as either Pass or Fail.)
- \*\* A failure was given because the required work was not submitted to remove a previously assigned Incomplete grade

## 8. COURSE NUMBERING SYSTEM (Prior to Fall 1991)

- 100-199 Open to all undergraduates.
- 200-299 Open only to juniors, seniors and those students meeting course prerequisites.
- 300-399 Courses for graduate and advanced undergraduate students.
- 400-499 Courses for graduate students.

## 9. TRANSFER CREDIT

Undergraduate credit earned at another accredited university or college is recorded in quarter hours until Fall 1991. The total amount of credit accepted is indicated parenthetically in the course number column on the last line of the entry. The cumulative grade point average earned in courses completed at other schools is recorded below the listing of transfer credit.

Graduate credit earned at another school and accepted by the Graduate College is recorded in quarter hours until Fall 1991. The total hours accepted are indicated.

## 10. HONORS COLLEGE AND HONORS RECOGNITION

- A. Honors College: Honors College participation is indicated on the top of the transcript. Honors College students are also Edmund J. James Scholars.
- B. Undergraduate Honors: Academic excellence is recognized by the academic units and by the University in a number of ways.
  - Honors (Day) Recognition is awarded in the spring term to students who have been on the Dean's List of their college during at least three of the preceding four terms.
  - Honor Society: Membership in honor societies is recorded for students accepted by honor societies recognized by the Senate Committee on Academic Programs.
- C. Honors at Graduation
  - University Honors: Students in the top 3 percent of the graduating class in each college are awarded University Honors and their names are listed in the Book of Academic Honors.
  - College Honors are awarded by each college to its outstanding graduates.
  - Departmental Distinction: Distinction, high distinction or highest distinction is awarded by academic departments to their outstanding students who meet the special department requirements.
- D. Awards: Scholastic awards are listed if approved by the Senate Committee on Academic Programs.

**TO TEST FOR AUTHENTICITY:** The face of this document has a red background and the name of the institution appears in small print. Apply liquid bleach to the sample background below. If authentic, the paper will turn brown.

THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE

**ADDITIONAL TEST:** When photocopied in color or black and white, the word **COPY** appears prominently across the face of the entire document. **ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE!** A black and white document is not an official institutional document. If you have additional questions about this document, please contact the Records Office at (312) 996-4380.

Name	Schar, Theresa Ann	Entered	September 27, 1965	Illinois Vault No.	158586
College	CHICAGO	Curriculum	UNIVERSITY OF ILLINOIS AT CHICAGO	Place and date of birth	CHICAGO, THE UNIVERSITY OF ILLINOIS AT CHICAGO, THE UNIVERSITY OF ILLINOIS AT CHICAGO
Nursing	CHICAGO	Four Year	CHICAGO	Libertyville, Illinois	November 13, 1945
Degree	CHICAGO	Date of	CHICAGO	Name and address of parent, guardian, or spouse	CHICAGO
	CHICAGO		CHICAGO	Kenneth L. Schar	CHICAGO
	CHICAGO		CHICAGO	500 Broadway	CHICAGO
	CHICAGO		CHICAGO	Libertyville, Illinois 60018	CHICAGO
School last attended	University of Illinois (Urbana)	Residence classification of student	Resident		

English	1	Latin	3	U.S. Hist.	1	Physics	1	Agriculture	1	Libertyville, Illinois High School
Algebra	2	German	1	Other History	1	Chemistry	1	Home Economics	1	
Plane Geometry	1	French	1	Other Social Studies	1	Zoology	1			
Solid Geometry	1	Spanish	1			Botany	1			
Trigonometry	1					Biology	1	Music Exam.	1	
C.P. Math.	1					Other Sciences	1	Misc. Subjects	1	Rank: 12/183

Descriptive Title of Course	Course Number	Sec. No.	Grade	Descriptive Title of Course	Course Number	Sec. No.	Grade
UNIVERSITY OF ILLINOIS (URBANA)				UNIVERSITY OF ILLINOIS (CHICAGO CIRCLE)			
First Semester 1963-64				Summer Quarter 1966			
Gen & Inorg Chem	Chem. 109	5	A	Int German	Ger. 106	4	B
Intro to Fiction	Engl. 103	3	C	UNIVERSITY OF ILLINOIS (URBANA)			
Verbal Communication	NGS 111	1	C	First Semester 1966-67			
Analytic Geometry	Math. 122	4	A	Gen Phys-Lit-Elec-Mag	Phy. 102	5	A
Basic Movement	PEW 103	1	C	Gen Physiology	Phy. 101	5	A
Elementary Zoology	Zool. 101	1	Pass	Vertebrate Embryology	Zool. 333	5	A
Second Semester 1963-64							
Elem Quant Analysis	Chem. 122	5	C				
Intro to Poetry	Engl. 101	3	B				
Verbal Communication	NGS 112	1	B				
Calculus I	Math. 132	5	A				
Softball	PEW 125	1	A				
Fencing	PEW 133	1	A				
First Semester 1964-65							
Organic Chemistry	Chem. 231	5	B				
Elementary Course	Ger. 101	4	C				
Calculus II	Math. 142	3	D				
Intro to Psychology	Psych 100	1	A				
Modern Gymnastics	PEW 107	1	B				
Second Semester 1964-65							
Elementary Course	Ger. 102	1	B				
Intro to Sociology	Soc. 100	1	B				
Comp Vertebrate Anat	Zool. 132	5	A				
CANTERBURY HOUSE-2-1964-65							
Worship of Church	Rlgn. R26	2	B				
UNIVERSITY OF ILLINOIS (CHICAGO CIRCLE)							
Fall Quarter 1965-66							
Psych of Childhood & Adoles	Psych 220	1	B				
UNIVERSITY OF ILLINOIS							
Professional College of Nursing							
Fall Quarter 1965-66							
Anatomy	Anat. 101	1	A				
Biochemistry	Bloch. 101	1	A				
Growth and Development	Psych 220	1	B				
Intro to Nursing I	Nurs. 106	1	B				
Found of Nursing I-Theory	Nurs. 110	1	C				
Found of Nursing I-Pract.	Nurs. 110	1	C				
Winter Quarter 1965-66							
Withdraw 1/11/66							

By Exam. \* E. by Rule. E. Exten. \* X. Corresp. \* Correction

Office of Registrar and Records  
The University of Illinois at Chicago  
Chicago, Illinois 60607  
Sara A. Crawford  
Registrar

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 8 1/2 X 11 DOCUMENT

**TRANSCRIPT EXPLANATION**  
The University of Illinois at Chicago  
Office of Admissions and Records (M/C 018)  
Box 5220, Chicago, Illinois 60680  
(312) 996-4380

**1. ACCREDITATION**

The University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools, and by many other agencies. For specific program accreditation information, refer to the University catalog.

**2. ACADEMIC CALENDAR/UNIT OF CREDIT**

**Effective Fall 1991: Semester Calendar**

The academic year consists of the Fall and Spring semesters and an eight-week Summer session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

**September 1965 - August 1991: Quarter Calendar**

The University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

**September 1946 - September 1965: Semester Calendar**

**3. RELEASE OF INFORMATION**

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

**4. AUTHENTICITY OF TRANSCRIPT**

Official transcripts are printed on red security paper and carry the signature of an administrative official and the seal of the University.

**5. ACADEMIC STATUS**

- A. In Good Scholastic Standing: The student has met the scholastic requirements of the college or curriculum.
- B. On Scholastic Probation: The student's cumulative average and/or most recent term average is below the requirement of the college or curriculum.
- C. Dropped for Poor Scholarship: The student has failed to meet the scholastic requirements of the college and curriculum and is not eligible to continue in the University.
- D. Status Undetermined: A student who has received a grade of "IN" may be placed on this status until a letter grade is assigned.
- E. Withdrew: A student who left the University before establishing credit.

**6. GRADING SYSTEM**

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
E**	E by Rule	1 point per hour
Ab	Failure because of absence from final examination without excuse. (This grade was eliminated from the grading system as of Fall 1970.)	

**Other Grade Symbols (not included in GPA computation)**

P	Pass	For courses taken under the Pass/Fail option, P is recorded on the transcript if the letter grade A, B, C or D is assigned.
F	Fail	For courses taken under the Pass/Fail option, F is recorded on the transcript if the letter grade E is assigned.
W	Withdrew	Officially withdrew from the course without penalty.
IN	Incomplete	For undergraduates, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment, or no later than one calendar year if student is not enrolled.
DF	Deferred	Used for thesis courses, continuing seminar, sequential courses, certain study abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DF must be converted to a specific letter grade, to an IN, or to an S or U.
S	Satisfactory	Used in graduate thesis research courses, in
U	Unsatisfactory	zero-credit graduate courses, and in specifically approved courses.

**7. SPECIAL NOTATIONS OR SYMBOLS IN USE ON TRANSCRIPT**

**(Immediately preceding course number, grade, or credit entry)**

- Graduate Credit
- & Honors course section or honors credit
- E Extramural courses — administered by the Office of Extension
- X Correspondence courses — administered by the Office of University Continuing Education
- # Official grade correction
- \* Credit earned by proficiency or special examination
  - 1. Proficiency examinations: Examinations for advanced standing in regular University courses. (Only Pass results reflected.)
  - 2. Special examinations: Examinations in courses previously taken in residence at the University of Illinois in which failing grades have been received or in University of Illinois correspondence courses in which a grade of D or E has been received. (Results reflected as either Pass or Fail.)
- \*\* A failure was given because the required work was not submitted to remove a previously assigned Incomplete grade

**8. COURSE NUMBERING SYSTEM (Prior to Fall 1991)**

- 100-199 Open to all undergraduates.
- 200-299 Open only to juniors, seniors and those students meeting course prerequisites.
- 300-399 Courses for graduate and advanced undergraduate students.
- 400-499 Courses for graduate students.

**9. TRANSFER CREDIT**

Undergraduate credit earned at another accredited university or college is recorded in quarter hours until Fall 1991. The total amount of credit accepted is indicated parenthetically in the course number column on the last line of the entry. The cumulative grade point average earned in courses completed at other schools is recorded below the listing of transfer credit.

Graduate credit earned at another school and accepted by the Graduate College is recorded in quarter hours until Fall 1991. The total hours accepted are indicated.

**10. HONORS COLLEGE AND HONORS RECOGNITION**

- A. Honors College: Honors College participation is indicated on the top of the transcript. Honors College students are also Edmund J. James Scholars.
- B. Undergraduate Honors: Academic excellence is recognized by the academic units and by the University in a number of ways.
  - Honors (Day) Recognition is awarded in the spring term to students who have been on the Dean's List of their college during at least three of the preceding four terms.
  - Honor Society: Membership in honor societies is recorded for students accepted by honor societies recognized by the Senate Committee on Academic Programs.
- C. Honors at Graduation
  - University Honors: Students in the top 3 percent of the graduating class in each college are awarded University Honors and their names are listed in the Book of Academic Honors.
  - College Honors are awarded by each college to its outstanding graduates.
  - Departmental Distinction: Distinction, high distinction or highest distinction is awarded by academic departments to their outstanding students who meet the special department requirements.
- D. Awards: Scholastic awards are listed if approved by the Senate Committee on Academic Programs.

**TO TEST FOR AUTHENTICITY:** The face of this document has a red background and the name of the institution appears in small print. Apply liquid bleach to the sample background below. If authentic, the paper will turn brown.

THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE UNIVERSITY OF ILLINOIS AT CHICAGO • THE

**ADDITIONAL TEST:** When photocopied in color or black and white, the word **COPY** appears prominently across the face of the entire document. **ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE!** A black and white document is not an official institutional document. If you have additional questions about this document, please contact the Records Office at (312) 996-4380.



# TRANSCRIPT REQUEST

## OFFICE OF ADMISSIONS AND RECORDS (M/C 018)

The University of Illinois at Chicago  
Box 5220  
Chicago, Illinois 60680

COMPLETE ALL SECTIONS OF THIS FORM

SOCIAL  
SECURITY NO.

1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

Date of Request: \_\_\_\_\_

UIC Degree(s): \_\_\_\_\_

Date(s) Awarded: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

CHECK ONLY IF APPROPRIATE Section 5

☐ Registered for Extramural Coursework Only

☐ Registered for Summer Session Only

Print any other name under which you registered:

Zumwalt

LAST

FIRST

MIDDLE

Schar Theresa A.  
FIRST MIDDLE  
900 Mar Vista  
STREET ADDRESS  
Seal Beach CA 90740-5840  
CITY STATE ZIP

PRINT Name and Address (Include ZIP)

FOLD TO THIS LINE

### RELEASE TRANSCRIPT

☒ As is

☐ After current term grades are posted

☐ After current term degree is posted

☐ Other: \_\_\_\_\_

EXPLAIN

X

Per letter

STUDENT SIGNATURE (REQUIRED FOR RELEASE OF TRANSCRIPT)

A separate request form must be used for each recipient.

PRINT clearly the name, address and zip code to where this transcript is to be sent. NOTE: Window envelopes are used. You are responsible for addresses.

Department of Health **TRANSCRIPT**  
Medical Quality Assurance  
Commission  
1300 S.E. Duane Street  
PO Box 41866 ZIP  
Olympia, WA 98504-7866

NOTICE: THE ENCLOSED TRANSCRIPT OF RECORD IS BEING FORWARDED ON THE CONDITION THAT IT CANNOT BE RELEASED IN WHOLE OR PART TO ANY OTHER PARTY WITHOUT THE WRITTEN CONSENT OF THE INDIVIDUAL TO WHOM IT PERTAINS, IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.

FOLD TO THIS LINE

### STUDENT'S COLLEGE

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Architecture and the Arts     | <input type="checkbox"/> Education   | <input type="checkbox"/> Liberal Arts and Sciences | <input type="checkbox"/> Public Health                     |
| <input type="checkbox"/> Associated Health Professions | <input type="checkbox"/> Engineering | <input type="checkbox"/> Medicine                  | <input type="checkbox"/> Social Work                       |
| <input type="checkbox"/> Business Administration       | <input type="checkbox"/> Extramural  | <input type="checkbox"/> Nursing                   | <input type="checkbox"/> Urban Planning and Public Affairs |
| <input type="checkbox"/> Dentistry                     | <input type="checkbox"/> Graduate    | <input type="checkbox"/> Pharmacy                  |  |
| <input type="checkbox"/> Other, please specify _____   |                                      |  |  |

Pay in person by cash, check or money order. Pay by mail with check or money order only.

Make check payable to the University of Illinois.

A TRANSCRIPT WILL NOT BE RELEASED IF YOU ARE INDEBTED TO THE UNIVERSITY.

CHECK:

- ☒ Request for 1 copy at \$5.00 per copy total .....\$ 5.00
- ☐ Request for \_\_\_\_\_ additional copies (sent to the same address) at \$2.00 per copy to total .....\$ .00
- ☐ Internal request for one copy released at no charge to the above University of Illinois office or department ...\$ NO CHARGE

There is a \$25.00 charge for returned checks. Records of those with outstanding bad checks will be held until both the processing fee and returned check charge are cleared.

### OFFICE USE ONLY

CI \_\_\_\_\_ BY/DATE \_\_\_\_\_ Enc \_\_\_\_\_ BY/DATE \_\_\_\_\_ Encl. CI \_\_\_\_\_ BY/DATE \_\_\_\_\_

PAYMENT VALIDATION:

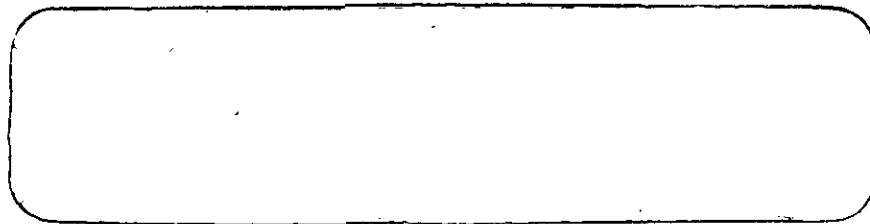
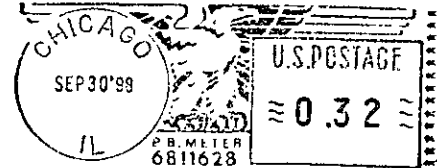
Prepared by: DD Date: \_\_\_\_\_

Bill 5  
Amount Due \$ \_\_\_\_\_ .00

UNIVERSITY OF ILLINOIS  
AT CHICAGO



Office of Admissions and Records (M/C 018)  
Box 5220  
Chicago, Illinois 60680-5220



32504+7866





# NATIONAL BOARD OF MEDICAL EXAMINERS®

## Record of Scores and Endorsement of Certification

This document was prepared by  
National Board of Medical Examiners (NBME)  
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9592

DELIVERED  
JUL 27 1998  
Section 5

**Recipient:** Washington Bd Med Exam  
Department of Health  
1300 Quince Street  
MS: EY-25  
Olympia, WA 98504

**Date:** 07/20/1998

**Examinee:** Theresa A. Zumwalt

**Examinee ID:** 3-115-697-9

**Date of Birth:** 11/13/1945

**NBME Certification Date:** 07/01/1972

**Certificate#:** 115697

This record shows only NBME passing scores for each NBME examination reported on this document unless a complete NBME examination history has been requested by the examinee. If applicable, also results for USMLE Steps taken by this examinee (and for which scores have been reported to date) are shown.

This examinee has successfully completed the examination, education and training requirements for NBME certification.

### NBME PART I

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)	Individual Subject Scores					
			Score		Anat	Phys	Bioc	Path	Micr	Phar
06/1969	Pass	Three-Digit	86	( 75)	88	84	87	85	83	88
		Two-Digit								

### NBME PART II

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)	Individual Subject Scores					
			Score		Med	Surg	ObGyn	PM/PH	Peds	Psych
04/1970	Pass	Three-Digit	79	( 75)	78	78	78	81	84	80
		Two-Digit								

### NBME PART III

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)
			Score	
03/1972	Pass	Three-Digit	83.6	( 75)
		Two-Digit		

\*\*\* END OF DOCUMENT \*\*\*

See reverse side for explanation of information reported above.

WA1060

### Authenticity of NBME Record of Scores

Original, certified copies of the NBME Record of Scores are printed on green safety paper and are produced only by the NBME. The embossed NBME seal in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Record of Scores may result in appropriate legal action or other action consistent with NBME or USMLE policies.

## INTERPRETATION OF SCORES

### NBME Part I and Part II Examinations Prior to June 1991

*The most recent total test and subject scores are reported.* The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

### NBME Part I and Part II Examinations June 1991 and Thereafter

*The most recent total test score is reported.* This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 150 and 250.

### All NBME Part III Examinations

*The most recent total test score is reported.* This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

### Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

### USMLE Step 1, Step 2 and Step 3

Reports of scores on USMLE include a complete score history, and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For recent administrations, the mean and standard deviation of scores on the three-digit scale for first-time examinees from medical schools in the United States are approximately 205 and 20, respectively, and most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each Step of USMLE is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 6 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

### ANNOTATIONS APPEARING UNDER "COMMENTS"

Special circumstances in connection with the administration of USMLE may result in one of the following annotations being listed next to the score for that examination:

**Indeterminate** - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step.  
**No score is reported.**

**Incomplete** - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

**Irregular Behavior** - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9600.

**Score Not Available** - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

**Testing Accommodations** - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.



DELIVERED  
OCT 28 1998

Section 5

October 22, 1998

Helen Bogar  
Department of Health  
Medical QAC  
1300 SE Quince Street – 7866  
Olympia, WA 98501-7866

This is to verify that Theresa Zumwalt completed the following residency at The Mary Imogene Bassett Hospital, Cooperstown, New York:

Rotating 0 Internship	7/1/71 – 6/30/72
Assistant Resident in Obs-Gyn	7/1/72 – 6/30/73
Chief Resident in Obs-Gyn	7/1/74 – 6/30/75

Should you need further information, please feel free to contact me at 607-547-3764.

Sincerely,

Bonnell D. Kaido  
Administrative Director of Medical Education

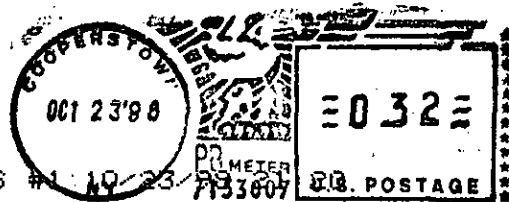
cc: file



**BASSETT  
HEALTHCARE**

Office of Medical Education

One Atwell Road  
Cooperstown, New York  
13326-1394



UTICA NY 135 ISS #1 10/23/98

Helen Bogar  
Department of Health  
Medical QAC  
1300 SE Quince Street - 7866  
Olympia, WA 98501-7866

98501-7829 23



ZUMWALT, THERESA MD\_00036846 PAGE27

TO: Post Graduate Training Program Director  
MARC HELLER; GYN-OB  
 FACILITY NAME  
BASSETT HOSPITAL  
 ADDRESS  
Coopers town

Bassett Hospital  
 Internship  
 Residency 2nd & chief  
 OCT 23 1998  
 OCT 08 1998  
 Section 5

RE: Verification/Evaluation of Training

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

**THERESA ZUMWALT, M.D.**

MLK# 276908  
 G54501

13 NOV 45

APPLICANT (PRINT OR TYPE) Theresa Zumwalt MD  
 SIGNATURE OF APPLICANT

BIRTHDATE

1. \_\_\_\_\_ is or was engaged in post-graduate training in our program

from 7/1972-7/1973 to 7/1974-7/1976  
 BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)  
 in the field of Internship + Residency (2 years)

2. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)  
Superior, Excellent Evaluations  
Outstanding Chief

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.

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

Return to:  
 Medical Quality Assurance Commission  
 1300 SE Quince Street  
 P O Box 47866  
 Olympia, WA 98504-7866  
 (360) 753-2844 (A-L)  
 (360) 664-3909 (M-Z)

(Seal)

Signature Marc Heller MARC HELLER MD  
 Title Chief OB-GYN  
 Hospital BASSETT HEALTHCARE  
 Address 1 Atwell Road  
COOPERTOWN NY 13326  
 Date 10/2/98  
 Telephone 607 547 3170

TO: Post Graduate Training Program Director

MARC HELLER; GYN-OB

FACILITY NAME

BASSETT Hospital

ADDRESS

Coopers town

Bassett Hospital

Internship

Residency 2nd & chief

OB-gyn

OCT 08 1998

Section 5

RE: Verification/Evaluation of Training

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

THERESA ZUMWALT, M.D.

MLK# 276908

G54501

13 NOV 45

APPLICANT (PRINT OR TYPE)

Theresa Zumwalt M.D.

BIRTHDATE

SIGNATURE OF APPLICANT

1. \_\_\_\_\_ is or was engaged in post-graduate training in our program

from 1972-1973 to 1974-1976

BEGINNING DATE (MONTH & YEAR)

ENDING DATE (MONTH & YEAR)

in the field of Internship + Residency (2 years)

2. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) Superior, Excellent & Outstanding

Outstanding Chief

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation

in the program? ☐ Yes ☒ No If yes, please explain

4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.

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

Return to:

Medical Quality Assurance Commission

1300 SE Quince Street

P O Box 47866

Olympia, WA 98504-7866

(360) 753-2844 (A-L)

(360) 664-3909 (M-Z)

(Seal)

Signature

Marc Heller

MARC HELLER MD

Title

Chief OB-GYN

Hospital

BASSETT Healthcare

Address

1 Atwell Road

COOPERTOWN NY 13326

Date

10/2/98

Telephone

607 947 3170



October 22, 1998

Helen Bogar  
Department of Health  
Medical QAC  
1300 SE Quince Street - 7866  
Olympia, WA 98501-7866

This is to verify that Theresa Zumwalt completed the following residency at The Mary Imogene Bassett Hospital, Cooperstown, New York:

Rotating 0 Internship	7/1/71 - 6/30/72
Assistant Resident in Obs-Gyn	7/1/72 - 6/30/73
Chief Resident in Obs-Gyn	7/1/74 - 6/30/75

Should you need further information, please feel free to contact me at 607-547-3764.

Sincerely,

Bonnell D. Kaido  
Administrative Director of Medical Education

cc: file

TO: Postgraduate Training Program Director

Methodist Hosp - Dept OB/Gyn  
FACILITY NAME  
P.O. Box 225 999  
ADDRESS  
Dallas Texas 75265

Methodist Hosp  
2nd year postgrad  
OB-Gyn residency  
1973-1974  
SEP 24 1998  
Section 5

RE: Verification/Evaluation of Training

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

**THERESA ZUMWALT, M.D.**

MLK# 276908

G54501

APPLICANT (PRINT OR TYPE)

Theresa Zumwalt (MD)

BIRTHDATE

13 NOV 45

SIGNATURE OF APPLICANT

1. Theresa Ann Zumwalt was engaged in post-graduate training in our program

from 7/1/1973 to 6/30/1974  
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

in the field of OBGyn to OBGyn

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

Satisfactorily completed one year  
of OB-Gyn training.

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

4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.

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

Return to:  
Medical Quality Assurance Commission  
1300 SE Quince Street  
P O Box 47866  
Olympia, WA 98504-7866  
(360) 753-2844 (A-L)  
(360) 664-3909 (M-Z)

(Seal)

Signature Charles Edman MD  
Title Program Director, OBG Training  
Hospital Methodist Hospitals of Dallas  
Address 1441 N. Beckley Ave.  
Dallas TX 75203  
Date 9/18/1998  
Telephone (214) 947-2300

TO: Post Graduate Training Program Director  
~~Philip Di SAIA, MD~~ Dr. Kregan  
 FACILITY NAME  
 Chair, Dept of Gyn, U.C.I.  
 ADDRESS  
 101 The City Drive

Gyn-urology Fellowship  
 1985 → 1986

RECEIVED  
 OCT 12 1998

RE: Verification/Evaluation of Training  
 Building 23 Rm 314  
 Orange CA 92668

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

THERESA ZUMWALT, M.D.  
 M.L.K. # 276908  
 G54501

13 NOV 45

APPLICANT (PRINT OR TYPE)

Theresa Zumwalt M.D.

BIRTHDATE

SIGNATURE OF APPLICANT

- Theresa Zumwalt, M.D. is or was engaged in post-graduate training in our program from July 1985. to May 1986  
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)  
 in the field of Urogynecology to
- Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) Excellent
- Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain
- Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.
- We would appreciate any further documentation you feel would assist in the evaluation process. Thank you.

Return to:  
 Medical Quality Assurance Commission  
 1300 SE Quince Street  
 P O Box 47866  
 Olympia, WA 98504-7866  
 (360) 753-2844 (A-L)  
 (360) 664-3909 (M-Z)

(Seal)

Signature Donald R. Ostergard  
 Title Donald R. Ostergard, M.D., Director, Urogyn Div  
 Hospital U of CA Med Cntr, Irvine & Long Beach  
 Address Memorial Medical Center  
PLEASE TYPE OR PRINT  
2801 Atlantic Avenue, Long Beach 90801 (CA)  
 Date 10/8/98  
 Telephone (562) 426-5630

Health or see old fellowship records please *RE*

TO: Post Graduate Training Program Director

*\* Dr. Helmut Schellhas*

FACILITY NAME

*Dept OB-Gyn, Gyn Oncology*

ADDRESS

*Univ of Akron*

*231 Bethesda*

*Cincinnati OH 45267*

RE: Verification/Evaluation of Training

*July 1982 - Dec 1983*  
 RECEIVED  
 DR. HELMUT SCHELLHAS  
 OCT 05 1998  
 SPECIAL PELVIC SURGERY  
 Section 5

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

THERESA ZUMWALT, M.D.

M.L.K. # 276908

654501

*13 NOV 45*

APPLICANT (PRINT OR TYPE)

*Theresa Zumwalt MD*

BIRTHDATE

SIGNATURE OF APPLICANT

1. \_\_\_\_\_ is or was engaged in post-graduate training in our program  
 from *July 82* to *Dec 83*  
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)  
 in the field of *Pelvic Surgery* to \_\_\_\_\_
2. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) *She was an excellent physician, well trained, dedicated and skillful*
3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_
4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.
5. We would appreciate any further documentation you feel would assist in the evaluation process. Thank you.

Return to:  
 Medical Quality Assurance Commission  
 1300 SE Quince Street  
 P O Box 47866  
 Olympia, WA 98504-7866  
 (360) 753-2844 (A-L)  
 (360) 664-3909 (M-Z)

(Seal)

Signature *Helmut F. Schellhas*  
 Title *Helmut F. Schellhas, M. D.*  
 Hospital *Director, Gyn Oncology 1970-1985*  
 Address *U. C. College of Medicine*  
*231 Bethesda Avenue*  
*Cincinnati OH 45267*  
 Date *9-29-98*  
 Telephone *513-421-5557*

Current Address:  
 2123 Auburn Avenue #442  
 Cincinnati OH 45219-2970

RECEIVED SEP 24 1998

THERESA ZUMWALT, MD  
900 Marvista  
Seal Beach, CA 90740-5840



Medical Quality Assur. Com.  
1300 SE Quince Street  
P O BOX 47866  
Olympia, WA 98504-7866

98504-7866



ZUMWALT, THERESA MD\_00036846 PAGE34

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
CUSTOMER SERVICE UNIT  
CULTURAL EDUCATION CENTER  
ALBANY, NEW YORK 12230

DELIVERED  
OCT 26 1998

Section 5

DATE 10/13/98

TO WHOM IT MAY CONCERN:

YOU HAVE INQUIRED AS TO WHETHER OR NOT A LICENSE TO PRACTICE  
MEDICINE IN NEW YORK STATE HAS  
EVER BEEN ISSUED TO: ZUMWALT THERESA ANN

THIS PERSON IS LICENSED AND NOT CURRENTLY REGISTERED.

LICENSE NUMBER: 113130 LICENSURE DATE: 08/02/72.



*Elaine Alston*  
VERIFICATION CLERK

OP026 056

TO: State Medical Licensing

Ohio State Medical License # 42600 (1978)  
STATE BOARD NAME

RECEIVED

SEP 24 1998

Health Professions  
Section 5

ADDRESS

RE: Verification of License/Registration as a Physician

I am applying for a license to practice medicine as a physician and surgeon in the state of Washington and before my application can be reviewed, a verification of my licensure status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

**THERESA ZUMWALT, M.D.**

M.L.K. # 276908

G54501

13 NOV 45

APPLICANT (PRINT OR TYPE)

BIRTHDATE

Theresa Zumwalt M.D.

SIGNATURE OF APPLICANT

This is to verify that Theresa Ann Zumwalt was issued license

number 42600 on 8/11/78

1. Date license, registration, or certification issued 8/11/78 Date of expiration 10/1/99

2. Have any complaints been lodged against the license? ☐ Yes ☒ No

3. Is there currently any investigation in process regarding the license? ☐ Yes ☒ No

4. Has any disciplinary activity taken place regarding this license? ☐ Yes ☒ No

If yes, please provide any information and documentation which may be released; i.e., charges and final disposition.

Return to: Department of Health  
Medical Quality Assurance Commission  
1300 SE Quince Street  
PO Box 47866  
Olympia, WA 98504-7866  
(360) 753-2844 (A-L)  
(360) 664-3909 (M-Z)

(Seal)

Signature Debra L. Jones  
Print Name DEBRA L. JONES  
Title CHIEF, I.M.E. RECORDS & RENEWAL  
State Ohio State Medical Bd  
Address 77 South High ST - 17th floor  
Columbus, OH 43266-0315  
Date 9/21/98  
Telephone (614) 466-3934

98 SEP 18

STATE OF OHIO





**MEDICAL BOARD OF CALIFORNIA**  
LICENSING PROGRAM  
1426 Howe Avenue, Suite 56  
Sacramento, CA 95825-3236  
(916) 263-2360 FAX (916) 263-2487



October 6, 1998

Washington Dept of Health  
1300 SE Quince Street  
Olympia, WA 98504

DELIVERED

OCT 12 1998

HEALTH PROFESSIONS  
Section 5

**TO WHOM IT MAY CONCERN:**

This is to verify that Dr. Theresa Ann Zumwalt, was issued California physician and surgeon's certificate #G54501, on 3/25/85, based on National Board Credentials. The license is current with renewal fees paid through 11/30/98.

There is no current record of accusation and/or disciplinary activity.

A handwritten signature in cursive script that reads 'Nancy A Jurisich'.

Nancy Jurisich  
Division of Licensing

To expedite the verification process, the above is the standard format used by the Medical Board of California.

SEAL



# COMMONWEALTH of VIRGINIA

Department of Health Professions

BOARD OF MEDICINE  
6606 WEST BROAD ST - 4TH FLOOR  
RICHMOND, VIRGINIA 23230-1717

SEPTEMBER 29, 1998

DELIVERED  
OCT 05 1998

HEALTH PROFESSIONS  
Section 5

REF: THERESA A ZUMWALT, MD  
900 MAR VISTA

SEAL BEACH, CA 907405840

THIS IS TO CERTIFY THAT THE RECORD OF THE ABOVE PHYSICIAN INDICATES  
THE FOLLOWING:

LICENSE NUMBER: 0101040404 DATE ISSUED: 12-01-1986 EXPIRES: 11-30-1998

TO PRACTICE MEDICINE & SURGERY

LICENSED BY: N (X=STATE EXAM) (E=FLEX EXAM) (N=NATIONAL BOARDS)

(C=LMCC EXAM) (A=AMERICAN BOARDS) (U=USMLE)

## EXAMINATION TAKEN:

ACCORDING TO OUR RECORDS, THIS LICENSE HAS NOT BEEN THE  
SUBJECT OF DISCIPLINARY PROCEEDINGS.

THE INFORMATION ABOVE IS THE ONLY VERIFICATION PROVIDED BY THIS BOARD.  
IF OTHER INFORMATION IS NEEDED, PLEASE DO NOT HESITATE TO CONTACT THIS  
OFFICE. TO EXPEDITE THE VERIFICATION PROCESS, THE ABOVE FORMAT IS THE  
STANDARD FORMAT PREPARED FOR ALL PROFESSIONS REGULATED BY THIS BOARD.

*3/Amilox, P.C.*

VERIFICATION CLERK

SEAL

MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE  
P.O. Box 2571  
4201 Patterson Avenue  
Baltimore, MD 21215-0095  
(410) 764-4777  
Fax (410) 358-2252  
e-mail: bpqa@erols.com

September 17, 1998

Requested by: Washington State Board of Medicine

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

ZUMWALT, THERESA  
900 MARVISTA  
SEAL BEACH, CA 90740

License Number: D0051100

Date Issued: September 19, 1996

Current Status: Inactive

Expiration Date: September 30, 1997

Medical School: UNIV OF IL COLL OF MED

Licensed By: NBME Parts I, II, and III

Specialty:

Charges: 0

Disciplinary Actions: NONE

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

*Yvette McCleod*

Verification Clerk

09/17/1998

Date

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



RECEIVED  
OCT 27 1998  
Section 5

# Texas State Board of Medical Examiners

333 Guadalupe • Tower 3 • Suite 610 • MAILING ADDRESS: P.O. Box 2018 • AUSTIN, Tx 78768-2018  
PHONE (512) 305-7010

WASHINGTON QUALITY  
MEDICAL ASSURANCE COMMISSION  
1300 S.E. QUINCE ST.  
P.O. BOX 47866  
OLYMPIA, WA 98504-7866

OCTOBER 22, 1998

For: WASHINGTON QUALITY MEDICAL ASSURANCE COMMISSION

In response to a recent request, we verify the following information:

\*\*\*\*\*  
Physician: THERESA ANN ZUMWALT, MD  
License: E5297  
Date Issued: 12-02-1975  
Licensed By: Reciprocity with NEW YORK  
Date of Birth: 11-13-1945  
Medical School: UNIV OF ILLINOIS COLLEGE OF MEDICINE, CHICAGO  
Graduation Year: 1971  
Permit Expires: 11-30-1986

## Registration Status:

This is to certify that the above-named physician's license was canceled by the doctor's request as of 11-30-1987.

## Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

## Investigation Status:

Not applicable.

\*\*\*\*\*

If you have any further questions, please contact the Verification division.

Sincerely,

*E. Vasquez*  
Verification Division

BOARD SEAL

Hospital Administration

KING-DREW MEDICAL CENTER  
HOSPITAL NAME  
12021 S. WILMINGTON  
ADDRESS  
LA., CA. 90059-0031

DELIVERED  
OCT 01 1998  
Section 5

RE: Verification and Evaluation of Privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am therefore authorizing the release of and would appreciate you providing the appropriate information directly to the address show below at your earliest convenience. All questions must be answered.

**THERESA ZUMWALT, M.D.**  
**M.L.K. # 276908**  
**G54501**

11-13-45

APPLICANT (PRINT OR TYPE)

Theresa Zumwalt M.D.

BIRTHDATE

SIGNATURE OF APPLICANT

1. Theresa Zumwalt now has/had admitting or specialty privileges at this hospital  
from 1989 to 6-1-2000  
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? ☐ Yes ☐ No  
If yes, please explain NA

3. Has the applicant ever been asked to resign? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

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

5. We would appreciate any information you feel would assist in the evaluation process. Thank you.

Return to:  
Medical Quality Assurance Commission  
1300 SE Quince Street  
P O Box 47866  
Olympia, WA 98504-7866  
(360) 753-2844 (A-L)  
(360) 664-3909 (M-Z)

(Seal)

Signature Gail A. [Signature]  
Title Credentialing Committee Secretary  
Hospital LAC King/Drew Medical Center  
PLEASE TYPE OR PRINT  
Address 12021 S. Wilmington Blvd  
Los Angeles, Ca. 90706  
Date 9-25-98  
Telephone 310 668-4501

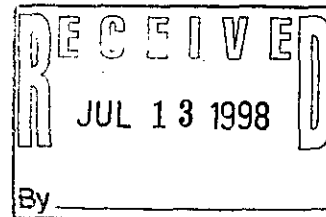


DELIVERED

JUL 20 1998

Health Professions  
Section 5

MD



## TO THE APPLICANT

Complete the identifying information below and submit to:

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

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

Date: 7 July 98

I am applying for licensure to practice medicine in the state of Washington. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) and send this information directly to the Washington State Medical Quality Assurance Commission. Thank you for your assistance.

Theresa Zumwalt, M.D.  
G54501

NAME: ZUMWALT, THERESA

SSN

1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

MEDICAL SCHOOL: UW of Ill. CHICAGOYEAR OF GRADUATION: JUNE 1971BIRTHDATE: 13 NOV 45

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION  
REGARDING THE ABOVE NAMED PHYSICIAN

JUL 15 1998

James R. Winn, M.D.  
JAMES R. WINN, M.D.  
EXECUTIVE VICE-PRESIDENT

# American Medical Association

Physicians dedicated to the health of America



WA

## Physician Profile Service

515 North State Street  
Chicago, Illinois 60610

Division of Survey and Data Resources  
Department of Data Services

MEDICAL UNIT  
AUG 06 1996  
RECEIVED

### Name and Address:

THERESA ZUMWALT MD  
900 MARVISTA AVE  
SEAL BEACH CA 90740 USA

Phone: UNKNOWN  
Birthdate: 11/13/1945  
Birthplace: LIBERTYVILLE IL USA

Physician's Major Professional Activity: MEDICAL TEACHING

### Self Designated Practice Specialties (SDPS):

Primary: GYNECOLOGY  
Secondary: OTHER SPECIALTY

AMA membership: NOT A MEMBER

### Following Data Provided by the Primary Sources

#### Medical School:

UNIV OF IL COLL OF MED, CHICAGO IL 60680 (VERIFIED)

Year of Graduation: 1971 (VERIFIED)

#### Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution:	UNIVERSITY HOSP, INC	State:	OHIO
Specialty :	GYNECOLOGY		07/1982 - 12/1983
	MEDICAL ONCOLOGY		(VERIFIED)
Institution:	MARY IMOGENE BASSETT HOSP	State:	NEW YORK
Specialty :	OBSTETRICS AND GYNECOLOGY		07/1974 - 06/1975
			(VERIFIED)
Institution:	METHODIST HOSPS OF DALLAS	State:	TEXAS
Specialty :	OBSTETRICS AND GYNECOLOGY		07/1973 - 06/1974
			(VERIFIED)
Institution:	MARY IMOGENE BASSETT HOSP	State:	NEW YORK
Specialty :	OBSTETRICS AND GYNECOLOGY		07/1972 - 06/1973
			(VERIFIED)

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

# American Medical Association

Physicians dedicated to the health of America



## Physician Profile Service

515 North State Street  
Chicago, Illinois 60610

Division of Survey and Data Resources  
Department of Data Services

### Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: MARY IMOGENE BASSETT HOSP

State: NEW YORK

Specialty: FLEXIBLE OR TRANSITIONAL YEAR

07/1971 - 06/1972

(VERIFIED)

**Note:** Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: MD: 1972

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
MARYLAND	MD	09/19/1996	09/30/1997	INACTIVE	UNLIMITED	01/29/1998
VIRGINIA	MD	12/01/1986	11/30/1998	ACTIVE	UNLIMITED	02/28/1998
CALIFORNIA	MD	03/25/1985	11/30/1998	ACTIVE	UNLIMITED	03/01/1998
OHIO	MD	08/11/1978	09/30/1998	ACTIVE	UNLIMITED	09/15/1997
TEXAS	MD	12/02/1975	11/30/1986	INACTIVE	UNLIMITED	02/28/1998
NEW YORK	MD	08/02/1972		INACTIVE	UNLIMITED	03/01/1998

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

### ECFMG Certification:

Applicant Number:

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

# American Medical Association

Physicians dedicated to the health of America



## Physician Profile Service

515 North State Street  
Chicago, Illinois 60610

Division of Survey and Data Resources  
Department of Data Services

### Federal Drug Enforcement Administration:

AS OF 4/8/98 FEDERAL DEA REGISTRATION IS VALID.

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

### Specialty Board Certification(s):

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

**Primary Board:** AM BRD OF OBSTETRICS AND GYNECOLOGY

**Effective:** 01/1978 **Expires:** INITIAL CERTIFICATION

**Subcertification or Certificate of Special Competence:** NONE REPORTED TO DATE

**Effective:** **Expires:**

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

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the Physician Masterfile data contained on this profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, IL 60610.

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

September 22, 1998

Theresa A. Zumwalt, MD  
900 Marvista  
Seal Beach, CA 90740-5840

Dear Dr Zumwalt,

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

Your application was received on September 16, 1998.

A deficiency letter will be sent every four to five weeks until the application is considered complete. Please understand Commission staff process a process a considerable amount of application files at any given time. Deficiency letters are our way of notifying you what is lacking in your file. An over abundance of phone calls simply slow the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

Depending on the complexity of the application file, the review process may take from 3 to 5 working days for routine applications, an additional 14 working days for applications considered non-routine that must be reviewed by a Commission Member, or, if your application contains derogatory or disciplinary information, it may need to be reviewed by the Full Commission at a Commission meeting for final disposition, in which case the processing time will be longer.

If you have any questions, please feel free to contact me at (360)664-3909.

Sincerely,

Helen A. Bogar,  
Program Representative





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

October 9, 1998

Theresa A. Zumwalt, MD  
900 Marvista  
Seal Beach, CA 90740-5840

Dear Dr. Zumwalt,

As of this date, our records indicate the following items still have not been received. In order for us to continue processing your application we will need the following documents:

~~Fee~~

**Post Graduate Training from U of California for 7/87 to 6/86**

**On your application for Bassett you have 6/71 to 7/75 and on the Program Director's form, they have 72-73 and 74-76. We need clarification of the correct dates.**

**State Licensure Verification from NY, CA and TX**

**Hospital Privileges from Navy Regional Med Center**

Upon receipt of the above mentioned items, your application will be considered complete and will begin the review process.

If you have any questions, please contact me at (360)664-3909.

Sincerely,

Helen A. Bogar,  
Program Representative

Redaction Summary ( 5 redactions )

---

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 5 instances )

8

- Page 5, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 9, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 18, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 22, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 43, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance