

MEDICINE AND SURGERY

CERT. NUMBER 1/2137 NAME Kothenbeutel, Robert L.
 MEDICAL 1/2137 DATE 8-3-71 ACCT. NO. 10242
 BASIC SCIENCE _____ DATE _____ FEE \$50.00 DATE 7/13/71

NATIONAL BOARD

MEDICAL EXAMINATION RECIPROCITY FROM Iowa
 BASIC SCIENCE EXAMINATION RECIPROCITY FROM Iowa

EDUCATION	YR. GRAD.	DEGREE	SCHOOL
COLLEGE			
MEDICAL SCHOOL	1969		University of Iowa
INTERNSHIP	YEARS	DATE COMP.	HOSPITAL
	1	1970	U. of So. Ca. Med. Cetr., Los Angeles

EXAMINATIONS

BASIC SCIENCE	DATE	NO.	DATE	NO.	DATE	NO.
SUBJECT	GRD.		GRD.		GRD.	
ANATOMY						
BACTERIOLOGY						
CHEMISTRY						
HYGIENE						
PATHOLOGY						
PHYSIOLOGY						
AVERAGE						

MEDICINE	DATE	NO.	DATE	NO.
PHARMACOLOGY				
MEDICINE				
SURGERY				
OB/GYN				
PEDIATRICS				
AVERAGE				

BOARD ACTION

App. requested late, will handle for June meeting if time permits. In Seattle one year.

ADMINISTRATIVE USE ONLY

#25.00

Reg. 5-11-71

12137

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

NAME Kothenbeutel	
DATE	CERTIFICATE NO.

APPLICATION FOR LICENSE TO
PRACTICE MEDICINE AND SURGERY

DO NOT WRITE IN THIS BOX

252	09	10242	07	12	71	14	17	1	1
Source	Sub.	Account	MO	DA	YR	Code	County	Associate	Status

Please type or print clearly.

NAME Kothenbeutel, Robert ~~Louis~~ M 2 12 44
LAST FIRST MIDDLE SEX BIRTHDATE

ADDRESS 611 Lee St Hampton Iowa Franklin
Street City State County

Seattle U.S.A.
City

Washington 98109 If naturalized _____
State Zip Date Place Case No.

I hereby apply for a license to practice medicine and surgery in the State of Washington.

Application is made for licensure by

- A. National Board waiver.....
- B. Reciprocity from Iowa State.....
- C. Examination.....

IDENTIFICATION

Height 6' 2"

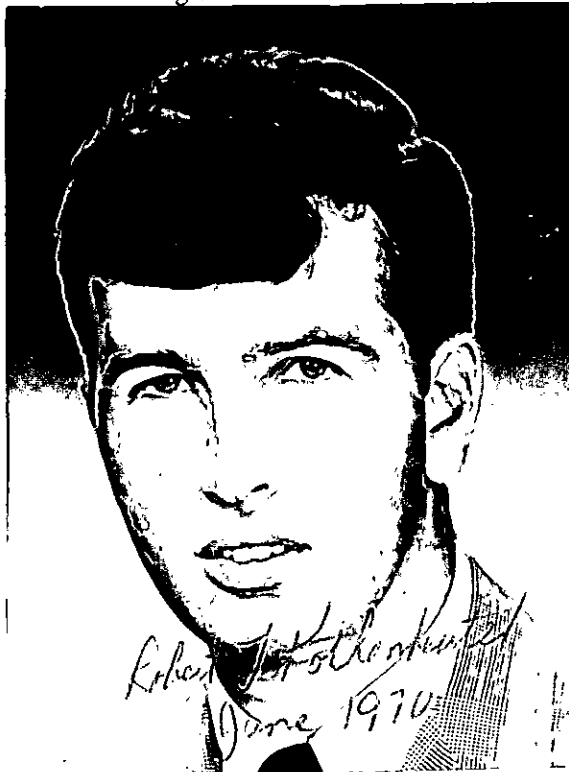
Weight 180

Color of hair BROWN

Color of eyes BLUE

Complexion FAIR

Distinguishing marks NONE



INSTRUCTIONS

1. This application, together with supporting documents, must be filed with the Professional Licensing Division, P. O. Box 649, Olympia, Washington 98501 at least 60 days prior to date of examination or 30 days prior to the Board meeting at which it is to be reviewed.
2. Please type or print clearly in ink.
3. Answer all questions. If answer is "no" or "none", so state.
4. If additional space is required, attach separate sheets, indicating section to which they refer.
5. All applicants must provide the following:
 - (1) Copy of diploma issued by a medical school accredited and approved by the Board of Medical Examiners at time diploma was issued.
 - (2) Certificate showing not less than one year as intern in a thoroughly equipped hospital, having at least twenty-five beds for each intern, devoted to the treatment of medical, surgical, gynecological and special diseases.
 - (3) Evidence of some experience and practical working knowledge of obstetrics.
 - (4) Evidence of experience in and practical working knowledge of pathology.
6. Foreign medical school graduates must provide a certified copy of their permanent ECFMG certificate and proof of medical school curriculum meeting the requirements of the Medical Practice Act of the State of Washington, RCW 18.71.055.
7. All supporting documents must be no larger than 8 1/2" x 11".
8. COPIES OF ALL DOCUMENTS MUST BE CERTIFIED AS TRUE.

JUN 13-71 14079 LP***25.00

APPLICATION FOR LICENSURE
MEDICINE, AND SURGERY

BOARD WORKSHEET

NAME KOTHENBEUTEL, ROBERT L. DATE OF RECEIPT 7/13/1971

<u>1) LICENSURE BY:</u>	<u>COMMENTS</u>
a) National Board Waiver <input type="checkbox"/>	_____
b) Reciprocity From <u>Iowa</u> <input checked="" type="checkbox"/>	_____
c) Examination <u>state</u> <input type="checkbox"/>	_____
<u>2) BASIC SCIENCE REQUIREMENTS</u>	
a) National Board <input type="checkbox"/>	_____
b) Reciprocity From <u>Iowa</u> <input checked="" type="checkbox"/>	_____
c) Examination <u>state</u> <input type="checkbox"/>	_____
d) Partial Examination <input type="checkbox"/>	_____
Subject(s) _____ <input type="checkbox"/>	_____
<u>3) PROOF OF EDUCATIONAL EXPERIENCE</u>	
a) College, University <input type="checkbox"/>	_____
b) Medical School <input type="checkbox"/>	_____
c) Internship <input checked="" type="checkbox"/>	_____
d) Chronology <input checked="" type="checkbox"/>	_____
e) Ob-Gyn-Path <input checked="" type="checkbox"/>	_____
<u>4) FOREIGN GRADUATE</u>	
a) ECFMG <input type="checkbox"/>	_____
b) Medical School Subjects <input type="checkbox"/>	_____
<u>5) PERSONAL QUALIFICATIONS</u>	<input checked="" type="checkbox"/>
<u>6) LETTERS OF RECOMMENDATION</u>	<input checked="" type="checkbox"/>
<u>7) AMA CLEARANCE</u> <u>7-22-71</u>	<input checked="" type="checkbox"/> <u>Rec'd</u>
<u>8) STATE CLEARANCE</u>	<input type="checkbox"/> <u>none</u>
<u>9) ADMINISTRATIVE RECOMMENDATION</u>	<input type="checkbox"/> <u>OK after AMAL</u>

RECEIVED

BOARD ACTION:

DATE CONSIDERED 8-2-71
REVIEWED BY [Signature]

APPROVED <input checked="" type="checkbox"/>	LICENSE <input checked="" type="checkbox"/>	EXAM <input type="checkbox"/>
DISAPPROVED <input type="checkbox"/>		
OTHER <input type="checkbox"/>		

COMMENTS _____

CERTIFIED FOR THE BOARD

BIOGRAPHICAL DATA ON PHYSICIANS
from the files of
The American Medical Association
535 No. Dearborn St.
Chicago, Illinois 60610

RECEIVED

AUG 4 1971

To: Corresponding Officer of Medical Licensing Board:

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state. Please enter on this form data you wish verified and mail to the Circulation and Records Department of the A.M.A. A check mark () indicates that the data given corresponds to that which is in the historical files of the A.M.A.

Executive Officer's Name..... MAX V. BROKAW Title ADMINISTRATOR

State... Washington City... Olympia Date... 7/22/1971

Full name of licensure candidate (M.D.)..... KOTHENBEUTEL, ROBERT LEWIS

Place of birth... Hampton, Iowa Date of birth... 2/12/1944

Mailing Address..... 611 Lee Street Seattle, Wa. 98109

Medical Education-School..... M.D. Degree (Year)
University of Iowa Ames, Iowa 1969

Internships
Hospital Location Dates
U. of Southern Calif. Med. Center 1969 to 1970

Residencies
Hospital Location Dates
University of Washington Seattle, Wa. 7/1/70 to Present

Applicant Licensed to Practice Medicine in the Following States:
State... Iowa Year... 1971; State... NOT REPORTED HERE TO DATE; State... Year...; State... Year...

Present Application for Licensure
By Examination..... By Reciprocity ~~xxxxxxx~~ State... Iowa By Endorsement of Credentials.....

Department of Investigation

Our records do not reveal any derogatory information

See attached memo for comments regarding applicant.

Date... 8-10-71
Robert A. Endow, Director
Circulation and Records Department



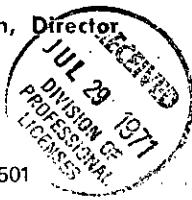
BUSINESS AND PROFESSIONS ADMINISTRATION

Daniel J. Evans, Governor

Jack G. Nelson, Director

DIVISION OF PROFESSIONAL LICENSING

Mail replies to Highways-License Building, P.O. Box 649, Olympia, Washington 98501



July 21, 1971

Robert Kothenbeutel, Robert L.
611 Lee St.
Seattle, Wa. 98109

Dear Doctor Kothenbeutel

Thank you for the medical application received in this office 7/13/1971.
The next meeting of the medical board will be held on 8/6/1971
at which time your application will be reviewed. You will then be advised of board
decision. Please allow at least two weeks.

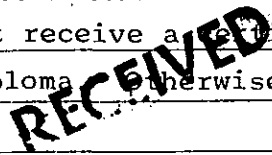
Application appears complete	<input type="checkbox"/>	Lacks the following	<input checked="" type="checkbox"/>
Internship certificate.		Fee.	
State Board certification.		Chronology.	
Basic Science certification.		Medical School diploma.	<input checked="" type="checkbox"/>
National Board "Certification of Record".		E.C.F.M.G. certificate.	
		Medical School subjects.	

Evidence of some experience in and a practical working knowledge of:

- 1. Gynecology
- 2. Pathology
- 3. Obstetrics.

✓(Copies of all documents must be certified as true.)

Remarks: We did not receive a certified copy of your medical
school diploma. Otherwise the application appears complete.



Very sincerely yours,

MAX V. BROKAW
ADMINISTRATOR

By Lucille Dinsney
Medical Section Supervisor

Form No. Med. 14

The University of Iowa

ON THE RECOMMENDATION OF THE FACULTY OF THE

College of Medicine

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

Doctor of Medicine

UPON

Robert Lewis Kothenbeutel

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

AWARDED AT THE UNIVERSITY AT IOWA CITY IN THE STATE OF IOWA
THIS SIXTH DAY OF JUNE, NINETEEN HUNDRED AND SIXTY-NINE.

Stanley D. Beecher
PRESIDENT OF THE STATE BOARD OF REGENTS



Howard R. Bowen
PRESIDENT OF THE UNIVERSITY

Robert C. Hardin
DEAN OF THE COLLEGE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 27th DAY OF July, 1971
Heles Stammich
Notary Public, In and for the State of Washington
Residing at Seattle

Los Angeles County -
University of Southern California
Medical Center

Hereby Certifies that

Robert L. Kottenbeutel, M.D.

has served faithfully and satisfactorily as

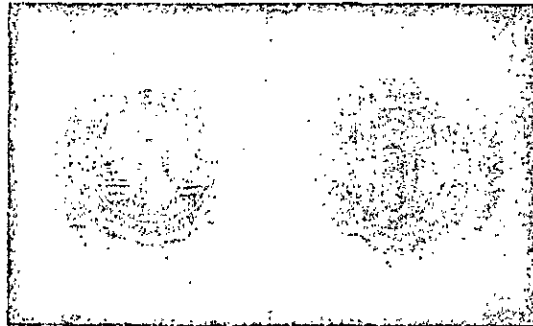
Intern

at this Medical Center from June Twenty-fourth, 1969 to June Twenty-fourth 1970

In Testimony Whereof this Diploma is granted this Twenty-fourth day of June 1970

BOARD OF SUPERVISORS / COUNTY OF LOS ANGELES

James L. Davis
CHAIRMAN
Frank P. Bonelli
Kenneth Hahn
Barton W. Chace
Warren M. Rosen



William A. Sarr
DIRECTOR OF HOSPITALS
Daniel Odell
MEDICAL CENTER ADMINISTRATOR
Raymond O. Gaby
DEAN OF THE MEDICAL SCHOOL
Robert E. Trenggoda M.D.
MEDICAL DIRECTOR
William E. Hurd
PROGRAM DIRECTOR



Robert L. Kottenbeutel MD

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 9th DAY OF July, 1971

Hella Stammich

Notary Public in and for the State of Washington

Residing at Seattle

5-11-71

Kothenbeutel
R.L.



BUSINESS AND PROFESSIONS ADMINISTRATION

Daniel J. Evans, Governor

Jack G. Nelson, Director

DIVISION OF PROFESSIONAL LICENSING

Mail replies to Highways-License Building, P.O. Box 649, Olympia, Washington 98501

Division of Professional Licensing
P.O. Box 649
Olympia, Washington 98501

This is to verify that Robert Lewis Kothenbeutel M.D.,
successfully completed a Rotating "O" Internship
at LAC-USC Med Center Hospital, from
June 24 1968, to June 24, 19 70
During this internship, a practical working knowledge of
Obstretics-Gynecology and Pathology was obtained.

William E. Nerlich
Name

William E. Nerlich, M.D.
Director, Office of Education
Title

L. A. County - USC Medical Center
Hospital

1200 North State Street
LOS ANGELES, CALIFORNIA 90033
City and State

Re: RCW 18.71.050

Med. 23 (New 1/1971)

July 21, 1971

Robert Kothenbeutel, Robert L.
611 Lee St.
Seattle, Wa. 98109

Dear Doctor Kothenbeutel

Thank you for the medical application received in this office 7/13/1971.
The next meeting of the medical board will be held on 8/6/1971
at which time your application will be reviewed. You will then be advised of board
decision. Please allow at least two weeks.

Application appears complete

Lacks the following

Internship certificate.
State Board certification.
Basic Science certification.
National Board "Certification
of Record".

Fee.
Chronology.
Medical School diploma. ✓
E.C.F.M.G. certificate.
Medical School subjects.

Evidence of some experience in and a practical working knowledge of:

- 1. Gynecology
- 2. Pathology
- 3. Obstetrics.

(Copies of all documents must be certified as true.)

Remarks: ~~We did not receive a certified copy of your medical
school diploma. Otherwise the application appears complete.~~

RECEIVED

Very sincerely yours,

MAX V. BROKAW
ADMINISTRATOR

By [Signature]
Medical Section Supervisor

Form No. Med. 14

511-71

FEE \$25.00
RECEIVED
JUL 12 1971
DIVISION OF PROFESSIONAL LICENSES

PROFESSIONAL LICENSING DIVISION
P.O. BOX 649
OLYMPIA, WASHINGTON 98501

APPLICATION FOR WAIVER OF EXAMINATION IN THE BASIC SCIENCE

I hereby apply for waiver of examination in the Basic Sciences and submit the following statement concerning my age, moral character, preliminary education and grades earned in an examination before a board of examiners in the Basic Sciences. I intend to apply for a license to practice Medicine and Surgery in the State of Washington.

DO NOT WRITE IN THIS SPACE								COMPLETE					
252	00	2321	07	12	71	14	17		M	02	12	44	9
			Mo.	Da.	Yr.				SEX	Mo.	Da.	Yr.	STAT
SOURCE	SUB	ACCOUNT	TODAY		CODE	CNTY	ASSOCIATE			BIRTH			
7	10	12	19	25	27	29	33		63	64			70

APPLICANT, PLEASE COMPLETE THE FOLLOWING (Please print clearly)

1. NAME Kothenbeutel Robert Lewis
LAST FIRST MIDDLE

2. ADDRESS 611 Lee St.
Seattle, Washington 98109

3. PLACE OF BIRTH Hampton, Iowa

4. Evidence of moral character: I have never been charged with violation of any federal, state, or local statute except as follows: none

Submit two references of persons not related:

Name Richard Dapp M.D. ADDRESS Seattle, Washington

NAME Daniel Davis M.D. ADDRESS Kirkland, Washington

5. Preliminary education: submit proof of high school education. This may consist of any one of the following:

- 1. Photographic copy of diploma
- ② Transcript of grades
- 3. Certification by registrar of a university (See immediately below)

This certifies that evidence is on file in the office of the registrar of _____
University showing that _____ is a graduate of _____
High School located at _____ an accredited high school.

S
E
A
L

Signature of Registrar or Dean

If not a graduate, submit proof of educational qualifications equivalent to those required for graduation by an accredited high school.

6. Have you previously taken the Washington Basic Science examination?....no..... If so, when?.....

JUL 13 1971
14078 [Pass\$25.00

7. CERTIFICATION OF GRADES EARNED IN BASIC SCIENCE EXAMINATION

I, Elmer W. Hertel Secretary of the Iowa Basic Science Board

certify that Robert Lewis Kothenbeutel was granted a Basic Science Certificate number 13,635 in the State of Iowa on the 16 day of Aug 1967 based on written examination. Robert, Lewis Kothenbeutel

I further certify that the aforesaid _____ in his written examination before this Board, obtained grades in Basic Science subjects as follows:

Subject	Percent
Anatomy.....	<u>80</u>
Bacteriology.....	<u>87</u>
Chemistry.....	<u>78</u>

Subject	Percent
Hygiene.....	<u>80</u>
Pathology.....	<u>82</u>
Physiology.....	<u>77</u>

Signature Elmer W. Hertel
 Title Secretary

S
 S T
 E A
 A T
 L E



The attached autographed photograph is a recent likeness of my self.

Dated 7-9-71
 State of Wash
 County of King) ss.

Signed Robert L. Kothenbeutel MD

In Seattle city in said county on this 9th day of July 1971 personally appeared before me Robert L. Kothenbeutel MD being duly sworn, deposes and says that the statements made in the above application are true.

Hella Blammich
 Notary Public

Fee for Waiver of Examination, \$25.00.
 FEE MUST ACCOMPANY APPLICATION

Kathenbeutel
Robert

611 Lee St. pt 1

Seattle, Wa.

98109.

Iowa

Zapp
nick
chickyn

5-11-71



BUSINESS AND PROFESSIONS ADMINISTRATION

Daniel J. Evans, Governor

Jack G. Nelson, Acting Director

Mail replies to Dept.

Capitol Center Building, P. O. Box 649, Olympia, Washington 98501

WASHINGTON STATE BOARD OF PRACTICAL NURSE EXAMINERS

ADMISSION LETTER TO EXAMINATION CENTER

Candidate No. _____

Program Code _____

This letter, when presented to the examiner, will admit you to the State Board licensing examination for practical nurses. This examination will be held in the Health Science Auditorium at the University of Washington in Seattle on _____.

Candidates must report shortly before 8:00 A.M. to the auditorium and, therefore, ample time must be planned for travel. Those arriving after that time will not be admitted to the examining room. Please observe that smoking is not permitted in the auditorium. Candidates must remain in the room after admittance.

You will be asked to show this admission letter at the door to the auditorium and will not be permitted to enter without it. Further instructions will be given after seating.

It is essential that you read the enclosed material carefully and bring it to the examination center.

Sincerely yours,

WASHINGTON STATE BOARD OF
PRACTICAL NURSE EXAMINERS

BY
(Miss)Margaret B. Simpson, R.N.
Executive Secretary

Form PN-14(Rev/1-69)

Enc: General Instructions
NLN Dir. Sheet

App. requested late, will handle for June meeting if time permits. In Seattle one year.

ADMINISTRATIVE USE ONLY

8, 5-11-71

DIVISION OF PROFESSIONAL LICENSING STATE OF WASHINGTON

Administrative use only box with fields for NAME (Kathenbeutel), DATE, and CERTIFICATE NO.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY

DO NOT WRITE IN THIS BOX

Table with 8 columns: Source (252), Sub. (09), Account, Date (MO, DA, YR), Code, County, Associate, Status.

Please type or print clearly.

Form fields for NAME (LAST, FIRST, MIDDLE, SEX, BIRTHDATE), ADDRESS (Street, City, State, Zip), BIRTHPLACE (City, State, County), and CITIZENSHIP (Date, Place, Case No. if naturalized).

I hereby apply for a license to practice medicine and surgery in the State of Washington.

- Application is made for licensure by: A. National Board waiver, B. Reciprocity from State, C. Examination

IDENTIFICATION

Identification fields: Height, Weight, Color of hair, Color of eyes, Complexion, Distinguishing marks.

PASTE PHOTOGRAPH HERE. Must be bust size, 3" x 4", taken within one year of application. Enter date taken on photograph and sign in ink across bottom. Include a separate, unmounted copy with your application.

INSTRUCTIONS

- 1. This application, together with supporting documents, must be filed with the Professional Licensing Division... 2. Please type or print clearly in ink. 3. Answer all questions... 4. If additional space is required... 5. All applicants must provide the following: (1) Copy of diploma... (2) Certificate showing not less than one year as intern... (3) Evidence of some experience... (4) Evidence of experience in and practical working knowledge of pathology. 6. Foreign medical school graduates must provide a certified copy of their permanent ECFMG certificate...

HAMPTON, IOWA PUBLIC SCHOOL CUMULATIVE RECORD

Last Name	First Name	Initial	Address	Phone
Kothenbeutel	Robert	Lewis	Hampton Route 2	697 R 5
Place of Birth	Color	Date of Birth	Sex	
Hampton	W	2 1944 12	M	
Name of Parent or Guardian	Occupation			
	Farmer			

SENIOR HIGH SCHOOL CREDITS									
	1	2	3	4	5	6	7	8	9
English I	C+	B+							
Gen. Science	B	A							
Algebra	A	A							
LATIN I	C	C							
English II			B	B					
World History			B	B					
Biology			B	A					
Geometry			A	A					
English III					B	B			
Am. History					B	B			
Adv. Algebra					A	A			
Chemistry					B	B			

Date Entered 9th Grade	From Where	H. B.	Locker
September 2, 1958	H. J. H. S.		
Date Entered 10th Grade	From Where	Total Credits	Classification
May 28, 1962		80	13
Was Dropper	No. in Class	Rank in Class	H. S. Ave.
			91.59

TEST RECORD									
Name of Test	Date Given	Score	Class. of Norm	Test Norm	I. Q.	A. C.			
FM	1958	62			125				
ENG	MATH	SC	WRT	COM	ENG	MATH	SC	WRT	COM
25	30	28	28	28	94	98	97	97	98
DATE TESTED 11 67									

EXTRA CURRICULAR ACTIVITIES RECORD									
Vocal Music 60-61 53 hrs - B 61 hrs - B									
Vocal Music 61-62 55 hrs - E 55 hrs - A									
HONORS RECEIVED									
National Honor Society - 1959-60, 1960-61									
Football letter Winner - 1961-62									
Track letter Winner - 1961-62									
Vocal Music letter Winner - 1961-62									
Boy-of-the-Month Award - 1961-62									
Rotarian Scholarship - 1961-62									
Employment Outside of School									
T.B. Check sk. 1961									
Dr. Education '58-59' A									

SPECIAL ABILITIES SHOWN									
STANDARD SCORES									
SRA PRESSCORE									
THE AMERICAN COLLEGE TESTING PROGRAM									

Am. Government									A
English IV									C+ C
ART I									A A
Physics									B-C+
Economics									A-
Phys. Ed.									A A A A A A
Days Present	80 1/2	80 1/2	81	89 1/2	84	79	91	84	
Days Absent	7 1/2	3	6	2	4 1/2	10	1	0	
Days Dropped	0	0	0	0	0	0	0	0	
Times Tardy	0	0	0	0	0	1	1	0	
Extra Credit									1 1
Total Credits To Date	4	8	12	16	20	24	29	34	

3. MEDICAL LICENSURE

List licenses applied for or held,

State or Other
None



Permanent or Temporary	License Received By		Currently in Force
	Examination	Other	

4. CERTIFICATION

Applicants for licensure by Nation "Certification of Record."

Applicants for licensure by state To be executed by the Secret reciprocal registration in Washin

must furnish an original or certified copy of their certification:

State upon whose license the applicant relies for

I certify that the aforesaid Robert Lewis Kothenbeutel, M.D. in his examination before the (Full name of applicant)

Iowa State Board of Medical Examiners (Give title of Board or Department)

of this state attained a general average of 86.9 per cent and the following marks in the subjects named:

Subjects	Per Cent	Subjects	Per Cent
Anatomy	84	Physiology	90
Chemistry	90	Pathology & Bacteriology	89
Pediatrics	82	Materia Medica, Pharmacology and Therapeutics	84
Medicine	86	Obstetrics & Gynecology	88
Surgery	96		
Public Health, Hygiene & Medical Jurisprudence	80		

I do further certify that a certificate to practice Medicine and Surgery was issued to said applicant on the 1st day of June, 1971, upon the following qualifications:

Written Examination

and said certificate has not been revoked or suspended and that, from the records now on file in this office, I believe him to be of good moral character and worthy of professional recognition, and recommend him to the Division of Professional Licensing of the State of Washington as a fit and proper person to receive recognition as an applicant for a reciprocity certificate permitting him to practice Medicine & Surgery

In testimony thereof, witness my hand and seal this 1st day of June, 1971

[Seal]

EXECUTIVE SECRETARY OF THE Iowa State Board of Medical (State Board or Department)

Post Office Address 301 Empire Bldg. Examiners
Des Moines, Iowa 50309

5. PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.

	Yes	No
1. Do you hold a license in any of the other healing arts?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever had a license to practice medicine revoked or suspended?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been convicted of a felony or misdemeanor other than traffic violations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been addicted to or treated for addiction to narcotic drugs?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever been convicted of a violation of the Harrison Narcotic Law, or any narcotic law?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever received psychiatric treatment or received treatment for a mental illness?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you ever taken the Washington State Medical Examination?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. LETTERS OF RECOMMENDATION

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Robert
Kothenbeutel, M.D. for 1 years,
(Applicant's Name in Full)
from July, 1970 to present, during
which period he was engaged in the study or active practice
of medicine. To the best of my knowledge he is of good
moral and professional character, is free from habits which
might interfere with his professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

Signature Kurt Heland, M.D.

Address University of Washington School of Medicine

Licensed under the laws of Washington
(Name of state)

To practice Medicine

Subscribed and sworn to before me this 9th day of
July, 1971

Hella Stammich

Notary Public for the State of Wash

Residing at Seattle

(NOTARY SEAL HERE)

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Robert
Kothenbeutel, M.D. for 1 years,
(Applicant's Name in Full)
from July, 1970 to present, during
which period he was engaged in the study or active practice
of medicine. To the best of my knowledge he is of good
moral and professional character, is free from habits which
might interfere with his professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

Signature Louis P. Ventore

Address Univ. of Wash. School of Medicine

Licensed under the laws of Washington
(Name of state)

To practice Medicine

Subscribed and sworn to before me this 9th day of
July, 1971

Hella Stammich

Notary Public for the State of Wash

Residing at Seattle

(NOTARY SEAL HERE)

AFFIDAVIT

I, Robert Lewis Kothenbeutel MD, being first duly sworn, depose and say that I am the person described and identified;
(Print or type full name of applicant)

that I have not engaged in any of the acts prohibited by the statutes of the State of Washington, particularly those acts set forth in
Chapter 18.71 RCW; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of
said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

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, fed-
eral or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my pro-
fessional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any
kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I fur-
nish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation
of my license to practice medicine and surgery in the State of Washington.

Subscribed and sworn
to before me this 9th day of July, 1971

Hella Stammich

Notary Public for Washington

My commission expires: May 15, 1973

Robert L. Kothenbeutel MD
(Signature of Applicant)

ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE.

Schedule of Fees

	Examination	Re-Examination	Reciprocity (State)	National Board (Waiver)
Medical	25.00	25.00	25.00	50.00*

* Complete fee, includes both basic science and medical.

Redaction Summary (0 redactions)

0 Privilege / Exemption reason used:

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