

O N STREET, SACRAMENTO, CALIFORNIA MED.
TELEPHONE: MED.
Application, and Examinations (916) 3223040.
AUG. 1020 H STREET, SACRAMENTO, CALIPORNIA, 93814 START OF AMINE
TELEPHONE:
Application, and Examination (914) 2222446

### APPLICATION FOR PHYSICIANS AND SURGEONS CERTIFICATE BASED ON NATIONAL BOARD CREDENTIALS

CLASS G

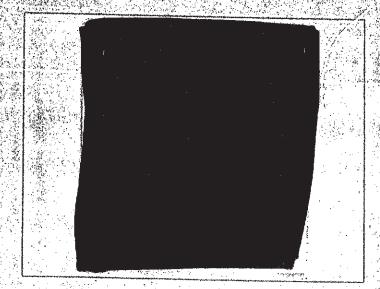
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List all States in which you have been licensed to practice medicine:    It is any disce, linery action ever been taken regarding any license which you now hold or ever held?    It is, indicate below:    State   Date   Charge   Disposition	LOYOLA U. OF CHICA	GO, STRITCH SCH OF ME	D & 6-	7- 74 Schoo	Code: ILL	43
D. List all States in which you have been licensed to practice medicine:    No Ne	And the state of t		and the second s			north Mills
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State Date Charge Disposition  2. Have you ever been denied a license to practice medicine in any State or Country?  11 Yes, indicate below:  State or Country Date of Denial Reason for Denial	o. List an States in Writin you hav	re been beensed to practice me	dicine: none	e salah kalanda Mendelah kalanda	The Control of the Co	A Company
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Have you over been convicted of, pled guilty or note contenders to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispecting of controlled substances/narcotics, or to drug addiction?

13. Have you over bren convicted of pled guilty or noto contendere to any offense, misdemeanor or telony in any state? (Except violations of traffic invercessiting in fines of \$50.00 or less.)

10. If you answered 'Yes' to either No. 14 or No. 15 above, please provide the following information:

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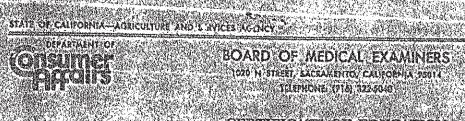


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## NOTE APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perfury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

	Signature of Applicant Kathan W Shillian HD
	Date 9/39/75
Subscribed and sworn to before me	the same of the sa
	Signature of Notary Nossal & Klatter
OFFICIAL STAL NAOMI J. KLAT	The State of the S
PRINCIPAL OFFICE IN	
My Commission Septem June 17, 1979	





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Month	Year and the self-self-self-self-self-self-self-self-	
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□ with advanced standing		ase specify
	that official transcripts on file the herein referred to completed at	
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at Vellesley College		nd that he attended while at this
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🗔 was granted the degree	{ Bachekax} of Medicine	
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on the 8 day of June	and the state of t	and the second s
Please indicate which of th	a following courses of study were	a successfully undertaken by the
applicant:		
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Embryology	Hygiene and sanitation	
_L_Wistology	Radiology, including reentgenologic technique	Psychiatry Neurology
- W. Neuroanatomy - Physiology	and radiation safety	management of the contract of
Psychobiology	Urology	Invited medicine
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Pharmacology	Postotrios and gynecology	Surgery, tecluding orthopolic surgery

OTA-32 (MEV. M-74)

# STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT From Date: 06/16/2009 To Date: 06/16/2009

**ATRISUPPINF** 13-FEB-15 14:11:32

Person Id: 584597

Name:

Sheehan, Katharine

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme F Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Co Which Would Exempt Me From All Or Part Of The Requirements.	onditions
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Popul Years Or Older: I Have Completed At Least 20% Of The Required Cme in Geriatric Medicare Of Older Patients. Click No If Not Applicable.	
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Inte "None", If None Held.	erest. Type NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The In Contained In This Application is True And Correct.	formation YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowled Information Contained Therein As Current And Accurate.	wledge The YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Gov Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any S A And Its Territories, Military Court Or A Foreign Country?	emment NO itate, The US

584597

# STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT From Date: 06/14/2011 To Date: 06/14/201

To Date: 06/14/2011

**ATRISUPPINF** 13-FEB-15 14:13:29

Person Id:

584597

Name:

Sheehan, Katharine

Question	Answer	
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I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.		YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of	f-Life Care	NO
Continuing Education Requirement Because I Am A Radiologist Or Pathologist. Only For General Internists And Family Physicians Who Have 25% Of Their Patien Years Or Older, I Have Completed At Least 20% Of The Required Cme In Geriatri Care Of Older Patients, Click No If Not Applicable.		NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Finan- "None", If None Held.	cial Interest. Type	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That Contained in This Application is True And Correct.	The Information	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc,Ca.Gov And Information Contained Therein As Current And Accurate.	d Acknowledge The	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By Agency Or Other Disciplinary Body, Or, Have You Been Convicted Of Any Grime II		NO .
A And Its Territories, Military Court Or A Foreign Country?	ing o	

**Total Questions Asked For Person:** 

584597

### STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT

From Date: 04/02/2013 To Date: 04/02/2013

ATRISUPPINF 13-FEB-15 14:14:46

Person Id:

584597

Name:

Sheehan, Katharine

Question Answer I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-YES Year Period Immediately Preceding The Expiration Date Of My License, Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements. I Have Completed 12 Hours Of Pain Management And End-Of-Life Care. I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care NO Continuing Education Requirement Because I Am A Radiologist Or Pathologist. Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 NO Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable. Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest, Type NONE "None", If None Held. I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information. YES Contained in This Application is True And Correct. I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The YES Information Contained Therein As Current And Accurate. Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government NO Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime in Any State, The U S A And Its Territories, Military Court Or A Foreign Country?

**Total Questions Asked For Person:** 

584597

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