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SCAN SHEET
GENERATED 04/16/2013

SCAN_SHEET

NAME: WHITEHOUSE KATHERINE

LICENSE ID: DOS1519

FULL LIC ID: DOS 0001519000

___ MICROFICHE PRESENT

___ OTHER UNSCANNED ITEMS PRESENT-DESCRIPTION

___ BOUND MATERIAL

___ PHOTO

___ OTHER

FILE PREP BY: _____

DATE: _____



DOS1519

CONTROL#: XXXXXXXXXX

APPLICATION FOR LICENSE - OSTEOPATHIC PHYSICIAN & SURGEON

Read the attached instructions before completing this form.

POSTED

Approved: *ndv* Initials/Date
 Effective Date: 4-11-13 License No. DOS - 1619

LEGAL NAME (First, Middle) (LAST)
 Katherine Carson Whitehouse

Other names used (previous surnames, maiden name, etc.)

Residence Address (include apt. no., city, state and zip code)

Mailing Address (ONLY if different from above)

Social Security No.

Phone No. (days)

Date NPDB Requested

Date AOA Profile Requested

FOR OFFICE USE ONLY

464 01247674	13- 3/12/13	50.00
465 01247675	13- 3/12/13	200.00
0 01247676	13- 3/12/13	40.00
0 01247677	13- 3/12/13	110.00

Circle answers:

- Are you at least 18 years old?
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?.....

Circle answers and provide details as directed for any "yes" response to the questions below:

- Have you ever held a license in Hawaii?..... YES NO
 If response "yes", specify type of license and dates below:
- With regard to any medical license to practice in any state or country:
 - Has it ever been revoked, suspended, placed on probation, surrendered, reprimanded, admonished, or otherwise subject to disciplinary action; or have you ever been issued a letter of concern; or have you ever entered into a consent order or settlement agreement? YES NO
 - Is any disciplinary action pending against you? YES NO
 - Are you presently being investigated? YES NO
 - Have you ever been denied a license or withdrawn any application for licensure? YES NO
 If response "yes", attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action.
- With regard to any educational training program or facility, state/federal controlled substance agency, local, state, federal or military professional or disciplinary body or any hospital privileging or credentialing body, grievance committee or any other medical group, including medical societies and specialty boards:
 - Have you ever been subject to disciplinary or adverse actions or entered into an agreement? YES NO
 - Is any disciplinary or adverse action pending against you? YES NO
 - Are you presently being investigated? YES NO
 - Have you ever been denied or withdrawn an application for privileges or membership or have you ever resigned, surrendered or failed to renew your privileges or membership? YES NO
 If response "yes", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken and reasons for such action.
- With regard to professional liability:
 - Have any claims of malpractice ever been filed against you?..... YES NO
 - Have any insurance carrier ever denied, conditioned, curtailed, limited, suspended, or revoked your coverage? YES NO
 If response "yes", attach a detailed explanation on a separate sheet, which:
 - Includes the date of the case (month/year), jurisdiction (State, etc.), nature of the case, allegations, and amount paid on your behalf. Information is to be provided on all settlements, judgments, awards, and claims (including those for which no money was paid); and/or
 - Provides the name and address of your insurance carrier, specific circumstances, date and action taken.

(CONTINUED ON BACK)

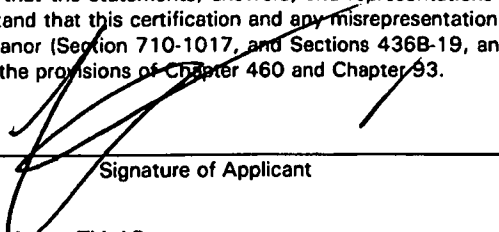
App	464	\$50
Lic	486	\$200
1/2 Renewal	460	\$40
CRF	467	\$ 55/10
Service Charge	BCF	\$26

- 7) With regard to participation in any health plan or Federal or State health care program:
- a) Have you ever relinquished participation or certification, or been denied, terminated, sanctioned, penalized, decertified or otherwise excluded from participation?..... YES NO
 - b) Have you ever been convicted of insurance fraud? YES NO
- If response "yes", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction relevant dates, allegations, charges, disposition, action taken and reasons for such action.*
- 8) In the past five years, have you been addicted to, dependent on, or a habitual user of alcohol or of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects?
If response "yes", attach a detailed explanation on a separate sheet.
- 9) During the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged?..... YES NO
Explain "yes", response on a separate sheet with detailed information and attach certified court documentation on the date, place, Violation of each conviction and fulfillment of conditions for each sentence.

LICENSES	Name of Jurisdiction (Attach additional sheets if necessary)	Date Issued	Expiration Date	License Number	Date Verification Requested		
EDUCATION	Name of Osteopathic Medical School	Location (City/State or Country)	Degree Earned	Dates (mo/yr)			
				From	To		
	University of Medicine + Dentistry of New Jersey	Stratford, NJ	DO	7/2005	6/2009		
RESIDENCY	Name of Residency Program	Location (City/State or Country)	Dates (mo/yr)				
			From	To			
	University of Connecticut	Farmington, CT	7/2009	6/2010			
Baylor College of Medicine	Houston, TX	7/2010	6/2013				

CERTIFICATION OF APPLICANT:

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that this certification and any misrepresentation are grounds for the denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19, and 460-12, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 460 and Chapter 93.



 Signature of Applicant

 11/17/12
 Date

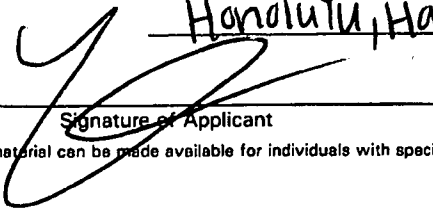
Release of Information to Third Party:

To assist me in the licensing process, I authorize the HMB and staff to release any and all information regarding my application (including but not limited to, application status, examination scores, disciplinary or criminal history, National Practitioner Data Bank Report, AMA Profile) to:

Name of Individual who is assisting you: Mary Tschann

Name of Organization: University of Hawaii, School of Medicine

Address of Organization: 1319 Puuhou St
Suite 801
Honolulu, Hawaii 96826



 Signature of Applicant

 11/17/12
 Date



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION-USA

Official Transcript

Hawaii Board of Osteopathic Examiners
P.O. Box 3469
Honolulu, HI 96801

Examinee: Whitehouse, Katherine C

NBOME ID: [REDACTED]

Date of Birth: [REDACTED]

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT		2 - DIGIT		NOTE
			STANDARD SCORE	MINIMUM PASSING	STANDARD SCORE	MINIMUM PASSING	
Level 1	[REDACTED]	Pass	[REDACTED]	400	[REDACTED]	75	
Level 2 Cognitive Evaluation (CE)	[REDACTED]	Pass	[REDACTED]	400	[REDACTED]	75	S
Level 2 Performance Evaluation (PE)	[REDACTED]	Pass	Not Applicable		Not Applicable		S
Level 3	[REDACTED]	Pass	[REDACTED]	350	[REDACTED]	75	S

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: February 20, 2013

1101143210653400

-- please see reverse for information and description of notes --

National Board of Osteopathic Medical Examiners, Inc.
8765 West Higgins Road Suite 200 Chicago IL 60631-4174
Phone: 773/714-0622 Fax: 773/714-0631

COMLEX-USA Score Interpretation

COMLEX-USA is the series of examinations accepted for licensure of osteopathic physicians in the entire United States and some Canadian provinces. It consists of three levels: Level 1, Level 2-Cognitive Evaluation (CE) & Level 2-Performance Evaluation (PE), and Level 3.* The scores reported for the COMLEX-USA computer-based cognitive examinations are 3-digit standard scores and 2-digit standard scores for the whole examinations. You may use the NBOME COMLEX Percentile Score Conversion tool to convert 3-digit scores to 2-digit and percentile scores, available at the NBOME website www.nbome.org. COMLEX Level 2-PE is a clinical skills exam with a pass/fail scoring format. Additional detail follows:

COMLEX-USA Level 1, Level 2-CE, Level 3

Standard scores (3-digit) The mean of the 3-digit standard score for all three computer-based cognitive examinations is 500, regardless of when the examinations is given. The minimum passing 3-digit standard score for Level 1 and Level 2 (CE) is 400, and for Level 3 is 350, regardless of when the examination is taken.

Standard deviations of COMLEX-USA computer-based cognitive examination 3-digit scores are Level-specific and time-specific.

Exam Level	Exam Date & Standard Deviation for COMLEX-USA (3-digit scores)			
Level 1	1998 – 2001	2002 – 2005	5/2006 – 4/2010	5/2010 – Present
	71	79	79	81
Level 2	1997 – 2000	2001 – 6/2005	7/2005 – 5/2009	6/2009 – Present
	85	83	83	89
Level 3	1995 – 1999	2000 – 2005	9/2005 – 1/2010	2/2010 – Present
	111	120	123	121

Standard scores (2-digit) The minimum passing 2-digit standard score for all three computer-based cognitive examinations is 75, regardless of when the examination is taken.

Standard deviations of COMLEX-USA written examinations 2-digit scores are Level-specific and time-specific. For Level 1 examinations given between 1998 and 2001, the standard deviation is 3.55; from 2002 to October 2005, the standard deviation is 3.95. For Level 2 written examinations given between 1997 and 2000, the standard deviation is 4.25; from 2001 to June 2005, the standard deviation is 3.65. For Level 3 examinations given between 1995 and 1999, the standard deviation is 3.70; from 2000 to June 2005, the standard deviation is 4.00.

COMLEX-USA Level 2-Performance Evaluation

The Level 2-PE examination is required for all candidates graduating in 2005 or after, and those who graduated before July 1, 2004 and have not passed Level 2-CE by June 30, 2005. Candidates graduating in 2004 who passed Level 2-CE by June 30, 2005 are not required to take Level 2-PE.

Scores for Level 2-PE are reported as PASS or FAIL as one overall score. In order to receive a passing score, candidates must perform adequately in two separate domains. These are the Humanistic Domain (doctor-patient communication, interpersonal skills and professionalism), and the Biomedical/Biomechanical Domain (medical history-taking, physical examination, osteopathic principles and osteopathic manipulative treatment, and written SOAP notes, which assess synthesizing information garnered in the clinical encounter, clinical problem-solving and integrated differential diagnosis.) A passing score requires demonstration of minimum competence in clinical skills required for entry in graduate medical education.

*Part I, Part II, & Part III

COMLEX-USA Level 1, Level 2, and Level 3 examinations replaced the Part I, Part II, and Part III examinations in 1998, 1997, and 1995 respectively.

The scores reported for Parts I, II, and III after 1986 are 3-digit standard scores for the whole examinations. Scores reported for Parts I and II before 1987 are the minimum scaled scores (2-digit) among all the component scores of the examinations. Scores reported for Part III are scaled scores (2-digit) for the whole examination.

Standard Scores (3-digit). The standard scores for all three Part examinations are reported on a scale with a mean of 500 and a standard deviation of 100. The minimal passing score for Part I and Part II is 400. The minimal passing score for Part III is 350.

Scaled Scores (2-digit). Scaled scores are reported on a scale with a mean of 80. The minimal passing score for Parts I and II is 75 for any of the components of the examinations. The minimal passing score for Part III is 75 for the whole examination.

Score Interpretation Annotations/Notes:

S – Administered after July 1, 2007 under standard conditions. For examinations administered before then, the NBOME did not annotate scores to indicate whether the examination was administered under standard or non-standard, time-extended conditions.

N – Administered after July 1, 2007 under non-standard, timed conditions. This annotation is included, beginning July 1, 2007, because the NBOME cannot certify that a score produced by an extended-time accommodated examination is comparable to a score produced for the same examination administered under standard conditions.

I – Irregular conduct occurred on the part of the candidate. Candidate conduct which may be "Irregular Conduct" is described in the NBOME Bulletin of Information (see www.nbome.org). Further information regarding this annotation may be obtained by authorized persons by contacting the NBOME.

O – Other condition(s) which occurred during the administration of an examination beyond the control of the candidate (e.g., candidate illness, computer malfunction, etc.) which resulted in the examination not being scored. Further information regarding this annotation may be obtained by authorized persons by contacting the NBOME.

TO TEST FOR AUTHENTICITY: The face of this document has a blue background. Also note this security paper is produced with the highest level of security available today. Verification of some of these security features can be accomplished by:

- Holding the Safelimage™ security paper up to transit light to verify the words "SAFE and VERIFY FIRST" in the true fourdrinier watermark.
- Identifying visible blue and red fibers embedded into the paper.
- Applying fresh liquid bleach to activated color stain chemical protection reaction.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm.
- Photocopying this document produces the word "COPY" across the face.



'13 FEB -1 A.S. 428

University of Medicine and Dentistry of New Jersey

School of Osteopathic Medicine

Be it known that upon the recommendation of the Faculty and by the authority of the Board of Trustees, the University of Medicine and Dentistry of New Jersey hereby confers upon
Katherine Carson Whitehouse
the degree of

Doctor of Osteopathic Medicine

with all the rights and privileges thereto.

In witness whereof we have hereunto affixed our signatures and the seal of the University in the State of New Jersey this twentieth day of May, 2009.

Thomas A. Ambler
Dean



William F. Owen, Jr.
President of the University

The University of Connecticut

'13 FEB-1 11:18

School of Medicine

Certificate

Katherine Whitehouse, D.O.

has successfully completed an apprenticeship in

Obstetrics & Gynecology

July 1, 2009 to June 30, 2010

Cate F. ...
Dean, School of Medicine



W. H. ... MD FACP
Chairman of the Board of Medical Education

John ...
Program Director

CERTIFICATE OF COMPETENCY - OSTEOPATHIC PHYSICIAN & SURGEON

Access this form via website at: www.hawaii.gov/dcca/pvl

INSTRUCTIONS TO APPLICANT:

Complete information ABOVE dotted line, then send a form to two (2) osteopathic physicians who will attest to your competence.

TO: (Fill in name and address of person who will attest to your abilities):

[Redacted]

RE: (Print your name)

Katherine Whitehouse
(Name of Applicant)

I am applying to the Hawaii Medical Board for a license to practice osteopathic medicine and surgery in Hawaii. It is required that I have two osteopathic physicians attest to my competency. Please complete the following form and mail it to:

Hawaii Medical Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone No. (808) 586-3000

Applicant's Signature

[Handwritten Signature]

1. Length of Acquaintance:

6 yrs. _____ mos.

Date of Last Contact:

January 2013
(month, year)

Circle Answer:

2. Is the applicant related to you?

YES NO

IF YES, HOW? _____

3. What opportunities have you had to observe the applicant?

Training @ Graduate level

4. Do you consider the applicant: Sober and reliable?

Ethical?

[Redacted]

5. Has applicant, to your knowledge, ever been guilty of:

- a) Fraud or dishonesty?
- b) Unprofessional conduct?
- c) Habitual abuse of alcohol or narcotics?
- d) Unprofessional advertising?
- e) Practicing under an assumed name?

YES: NO
YES: NO
YES: NO
YES: NO
YES: NO

6. To your knowledge, has there ever been any question of his mental or physical fitness to practice osteopathic medicine/surgery

YES NO

7. Circle one in each category:

- a) Professional ability and competency
- b) Attention to duties and reliability

[Redacted]

(CONTINUED ON BACK)

Name of Applicant: Katherine Whitehouse

0. If you have any additional information with respect to this applicant's professional ability or conduct, state here:

List all state licenses held by you:

Name of State	License No.	Completed	(Date)
[Redacted]	[Redacted]	[Redacted]	1/8/13

13 MAR -4 P12:47

CERTIFICATE OF COMPETENCY - OSTEOPATHIC PHYSICIAN & SURGEON

Access this form via website at: www.hawaii.gov/dcca/pvl

INSTRUCTIONS TO APPLICANT:

Complete information ABOVE dotted line, then send a form to two (2) osteopathic physicians who will attest to your competence.

TO: *(Fill in name and address of person who will attest to your abilities);*



RE: *(Print your name)*

Katherine Whitehouse

(Name of Applicant)

I am applying to the Hawaii Medical Board for a license to practice osteopathic medicine and surgery in Hawaii. It is required that I have two osteopathic physicians attest to my competency. Please complete the following form and mail it to:

Hawaii Medical Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone No. (808) 586-3000

Applicant's Signature

1. Length of Acquaintance:

2 yrs. _____ mos.

Date of Last Contact:

2/2013
(month, year)

2. Is the applicant related to you?

IF YES, HOW? _____

Circle Answer:

YES NO

3. What opportunities have you had to observe the applicant?

resident in training

13 FEB -1 1:30:40

4. Do you consider the applicant: Sober and reliable?

Ethical?



5. Has applicant, to your knowledge, ever been guilty of:

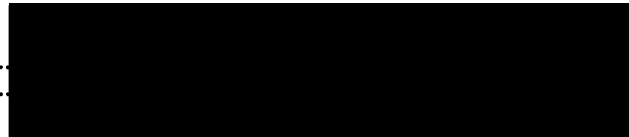
- a) Fraud or dishonesty? YES NO
- b) Unprofessional conduct? YES NO
- c) Habitual abuse of alcohol or narcotics? YES NO
- d) Unprofessional advertising? YES NO
- e) Practicing under an assumed name? YES NO

6. To your knowledge, has there ever been any question of his mental or physical fitness to practice osteopathic medicine/surgery

YES NO

7. Circle one in each category:

- a) Professional ability and competency
- b) Attention to duties and reliability



(CONTINUED ON BACK)

Name of Applicant: Katherine Umkehr

8. If you have any additional information with respect to this applicant's professional ability or conduct, state here:

List all state licenses held by you:

Name of State	License No.
[Redacted]	[Redacted]

Completed by: [Redacted]

[Redacted Signature]

1/20/13
(Date)

Address: [Redacted]

13 FEB -1 AIG 40

HAWAII MEDICAL BOARD
STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801-3469

03/11/13

REF: [REDACTED] DOS LICN 000 A3

KATHERINE C WHITEHOUSE
[REDACTED]

RE: NOTICE OF DEFICIENCY
- OSTEOPATHIC PHYSICIAN AND SURGEON
- NEW LICENSE

Your application has been received, however, it is incomplete because of the reason(s) noted below. Return this notice (if applicable) with the required items indicated below.

RESPOND BY: 03/25/13

- Arrange to have the AOIA Physician Profile sent DIRECTLY to the Board. Contact them at 1-800-621-1773 ext. 8145 or visit their website at: www.aoa-net.org.
- AOIA does not report any residency training for you. Contact them and have the AOIA submit a letter explaining why or an updated profile providing this information.
- >>> 1 YEAR DEADLINE ON ALL SUPPORTING DOCUMENTS <<< Please be advised that all supporting documents (license verifications, NPDB, exam scores, AMA/AOIA, Federation Discipline Report, hospital affiliation(s)) MUST BE LESS THAN ONE (1) YEAR OLD WHEN LICENSE IS ISSUED.
- Pursuant to HRS §436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years.

KATHERINE C WHITEHOUSE
03/11/13
PAGE 2

Return this notice with all items to:

HAWAII MEDICAL BOARD
DCCA, PVL LICENSING BRANCH
P.O. BOX 3469
HONOLULU, HAWAII 96801-3469

Questions? Call (808) 586-3000

**OSTEOPATHIC PHYSICIAN & SURGEON
APPLICANT CHECKOUT SHEET**

Name of Applicant Katherine C Whitehouse Date Filed 2/1/13

(ALL SUPPORTING DOCUMENTS MUST BE LESS THAN ONE (1) YEAR OLD WHEN LICENSE IS ISSUED)

Signed application Social Security No. [REDACTED]

Fee \$400 (\$50-Appl + \$200-Lic + \$110-CRF + \$40-1/2 renewal)
 \$305 (\$50-Appl + \$200-Lic + \$55-CRF)
 Balance due of \$ _____

+ AOIA Physician Profile.
 (Verify DOschool, residency or fellowship, states where licensed)

+ Exam Scores (sent directly) Date completed 12/15/2012

<input checked="" type="checkbox"/> NB	I	II	III or Complex level 1, 2, 3
FLEX	1	2	3 (After '85, must pass 75 each part)
USMLE scores	1	2	3 (Must pass all 3 parts within 7 years)

NPDB (Verify name, SSN, states licensed in, any reports (actions))

* Osteopathic diploma.

* Intern/residency certificates, if physician has specialty (Date completed 6/30/10).
 1. The Univ. of Connecticut
 2. _____

Two Certificates of Competency from DO. (MD is okay)
 1. [REDACTED]
 2. _____

~~+~~ License Verification(s) (Any state wherever licensed current or not. Check for disciplinary action and include states listed on AOIA.)

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1. _____ | <input type="checkbox"/> 6. _____ |
| <input type="checkbox"/> 2. _____ | <input type="checkbox"/> 7. _____ |
| <input type="checkbox"/> 3. _____ | <input type="checkbox"/> 8. _____ |
| <input type="checkbox"/> 4. _____ | <input type="checkbox"/> 9. _____ |
| <input type="checkbox"/> 5. _____ | <input type="checkbox"/> 10. _____ |

- * Copies acceptable
- + Must be sent directly to HMB
- ^ Fax Acceptable if comes directly w/cover letter

PVL Renewal Application

LICENSE DATA

HAWAII MEDICAL BOARD OSTEOPATHIC PHYSICIAN AND SURGEON

License Number: DOS-1519

File Number: [REDACTED]

LICENSEE INFORMATION

LICENSEE'S NAME AND ADDRESS OF RECORD

KATHERINE C WHITEHOUSE
[REDACTED]

RESIDENTIAL ADDRESS

CHANGED: YES

MAILING ADDRESS

CHANGED: YES

TOTAL (ON TIME) FEE OF:
BY LICENSE EXPIRATION DATE:

\$250.00
6/30/14

PAYMENT INFORMATION

RENEWAL RECEIVED ON

6/3/14 11:45:39 AM HST

REFERENCE ID

TOTAL AMOUNT PAID

\$250.00

PAYMENT METHOD

Credit Card

TOTAL FEES PAID BY

KATHERINE C WHITEHOUSE

BILLING ADDRESS
[REDACTED]

Licensee has answered the following questions

1. Are you a U.S. Citizen, a U.S. National, or an alien authorized to work in the U.S?
[REDACTED]
2. In the past two years, with regard to any medical or osteopathic medical license to practice in any state or country:

- a. Has it ever been revoked, suspended, placed on probation, surrendered, reprimanded, admonished, or otherwise subject to disciplinary action; or have you ever been issued a letter of concern; or have you ever entered into a consent order or settlement agreement?
No
- b. Is any disciplinary action pending against you?
No
- c. Have you ever been denied a license or withdrawn an application for licensure?
No
3. In the past two years, with regard to any educational training program or facility, state/federal controlled substance agency, local, state, federal or military professional or disciplinary body or any hospital privileging or credentialing body, grievance committee or any other medical group, including medical or osteopathic medical societies and specialty boards:
- a. Have you ever been subject to disciplinary or adverse actions or entered into an agreement?
No
- b. Is any disciplinary or adverse action pending against you?
No
- c. Have you ever been denied or withdrawn an application for privileges or membership, or have you ever resigned, surrendered or failed to renew your privileges or membership?
No
4. In the past two years, with regard to professional liability, participation in any health plan or federal or state health care program:
- a. Have any claims of malpractice ever been filed against you?
No
- b. Has any insurance carrier ever denied, conditioned, curtailed, limited, suspended, or revoked your coverage?
No
- c. Have you ever relinquished participation or certification, or been denied, terminated, sanctioned, penalized, decertified or otherwise excluded from participation?
No
- d. Have you ever been convicted of insurance fraud?
No
5. In the past two years, have you been addicted to, dependent on, or a habitual user of alcohol or of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects?
[REDACTED]
6. During the past two years, have you been convicted of a crime in which the conviction has not been annulled or expunged?
No

WAIVER/MODIFICATION OF CME: Any osteopathic physician not meeting the CME requirement due to incapacity, undue hardship or other extenuating circumstances may request a waiver/modification in writing. The written request must be notarized and include an explanation as to why the CME requirement was not met. **Osteopathic physicians exercising this option may not renew online.**

If licensed after 06/30/2013, no CME's are required.

CERTIFICATION: By submitting this renewal, unless I am requesting a waiver/modification, I certify that I have met the continuing medical education (CME) requirement as contained in Subchapter 5 of the Board's rules.

PHYSICIAN WORKFORCE ASSESSMENT FEE

Pursuant to Act 18 (effective July 1, 2009), Physicians are to be assessed a \$60 fee upon the renewal of a medical license. This fee will be transferred to and deposited into the John A. Burns School of Medicine ("JABSOM") special fund to support JABSOM's activities related to physician workforce assessment and planning within Hawaii. For further details, please go to http://hawaii.gov/dcca/pvl/news-releases/medical_announcements.

I understand that my license expires on the License Expiration Date shown above. I understand that if I fail to renew my license by the license expiration date I am unlicensed and shall not practice. I further understand that I may resume practice only after I have met all appropriate restoration requirements.

I certify that the statements contained in this application are true and correct. I understand that misrepresentation is grounds for board refusal to renew or subsequent suspension or revocation of license.

Signature: katherine whitehouse