



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN IN TRAINING PERMIT

**NAME:** KATHERINE WHITEHOUSE DO

**DATE:** 04/16/2015

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1981

**Permit Number:** BP10038272

**Permit Type:** PHYSICIAN IN TRAINING PERMIT

**Permit Status:** PERMIT TERMINATED

**Permit Status Date:** 7/6/2013

**Begin Date:** 07/07/2010

**Expiration Date:** 07/06/2013

**End Date:** 07/06/2013

**Terminated Date:** 07/06/2013

**Mailing Address**

1423A AKIIKII PL  
KAILUA , HI 96734

**Board Action (includes all actions regardless of license/permit type)**

NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** FEMALE

**Current Primary Practice Address:**

NOT GIVEN

**Education**

**Graduation Year:** 2009

**Medical School:** UMDNJ - SCHOOL OF OSTEO MED, STRATFORD

**Program Type:** RESIDENT

**Training Institution:** BAYLOR COLLEGE OF MEDICINE (4 YR PROGRAM)

**Program Specialty:** OBSTETRICS AND GYNECOLOGY

### Summary of all License/Permit Types

**Issue Date:**

07/07/2010

**Type:**

[PHYSICIAN IN TRAINING PERMIT](#)

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