

20071
APPLICATION FOR
7-20-82
(Check one)

LICENSE TO PRACTICE
 MEDICINE
 OSTEOPATHIC MEDICINE AND SURGERY

70 05 1982
250.00
150.00

MONEY CTL.

FEES
Medicine with Exam. \$175.00
Medicine w/o Exam. \$150.00
Osteopathic Medicine & Surgery \$150.00

DEPARTMENT OF LICENSING
DIVISION OF PROFESSIONAL LICENSING
P. O. BOX 9649
OLYMPIA, WA 98504

Make remittance payable to:
STATE TREASURER

Note: If you have a Limited License to Practice then the fee with exam is \$100.00 and without exam is \$75.00

Application for licensure is made by: (Check one)

- National Board waiver.
- Reciprocity from (state) _____
- Washington Examination. (FLEX)
- L. M. C. C.
- Flex waiver.

FOR OFFICE USE ONLY

PROG	TRANS	PROF CODE	PIC/CIC	EXPIRATION DATE	EXPT	STAT	TYPE
LA		252					
KEY DATE	CLASS	ASSN	BILLED AMOUNT	SIGN	SPLIT	QTRD	
		BE-RI-NS-C513C7	0 00-00-00				

BERING, STACIE CHERNIACK

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME BERING, STACIE CHERNIACK
Last First Middle

ADDRESS 1518 MORSE

CITY HOUSTON STATE TX ZIP 77019 COUNTY HARRIS

TELEPHONE NO. 713-524-2326 SOCIAL SECURITY NUMBER 1-DOH Licensee Social Security Number ...

Enter the number at which you can be reached during normal business hours. Requested for identification purposes only. Entering SSN is voluntary and is not required for licensing approval.

SEX (For M) F DATE OF BIRTH 2-27-49
mo. day yr.

BIRTHPLACE LOS ANGELES, CA. LOS ANGELES
City State County

MEDICAL SPECIALTY OBSTETRICS & GYNECOLOGY

OFFICE USE ONLY
EXAM DATE _____
VOTER DIST. _____
GRAD YR/SCH _____

Medical/Osteopathic School BAYLOR COLLEGE OF MEDICINE Year Graduated 1978

AFTER JULY 2, 1982 ADDRESS: W. 503 SIXTH AVE #303
SPOKANE, WA. 99204
PHONE - 509-747-1055

INSTRUCTIONS

1. ALL APPLICANTS
 - (a) This application and supporting documents, should be filed with the Division of Professional Licensing at least thirty (30) days prior to the board meeting at which it is to be reviewed. (Or for Flex exam by April 1 for the June examination and October 1 for the December examination.)
 - (b) If additional space is required, attach separate (8 1/2 x 11 inch) sheets indicating the section to which they refer.
 - (c) COPIES OF ALL DOCUMENTS MUST BE CERTIFIED AS TRUE AND NOTARIZED.
 - (d) ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE. FEES ARE NON-REFUNDABLE.



APPLICANTS MUST PROVIDE THE FOLLOWING

2. CERTIFICATION

- (a) Applicants for licensure by NATIONAL BOARD WAIVER must furnish "Certification of Record" direct from the National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Penn. 19104, OR the National Board of Examiners for Osteopathic Physicians & Surgeons, 22 S. Washington St., Park Ridge, Ill., 60068.
- (b) Applicants for licensure by FLEX WAIVER must furnish examination results direct from FLEX office, 2626- B West Freeway, Fort Worth, Texas 76102.
- (c) Applicants for licensure by L.M.C.C. must furnish certification direct from The Medical Council of Canada, 1867 Alta Vista Dr., Box 8234, Ottawa, Ontario K1G 3H7.
- (d) Applicants for licensure by STATE RECIPROCITY must have Page 4 of the application completed.

3. MEDICINE ONLY

- (a) Copy of diploma issued by a medical school approved by the Board of Medical Examiners.
- (b) Certificate showing completion of one year of postgraduate medical training in a program acceptable to the Board.
- (c) Foreign medical graduates must submit proof of medical school curriculum meeting the requirements of the Washington Medical Practice Act, RCW 18.71.055.
- (d) Foreign medical graduates must provide their **original** standard E.C.F.M.G. certificate.
- (e) Two (2) letters of recommendation attached to this application.
- (f) See accompanying EXCERPTS for more detailed information.

4. OSTEOPATHIC MEDICINE AND SURGERY ONLY

- (a) Copy of diploma issued by a legally chartered school of osteopathic medicine and surgery.
- (b) Certificate showing completion of one year of internship in any nationally accepted approved one year internship program; or the first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.
- (c) Two (2) letters of recommendation attached to this application.
- (d) See accompanying EXCERPTS for more detailed information.

5. IN ADDITION TO the requirements listed above, graduates of osteopathic schools must provide official transcripts direct from the school accepted from the applicant.

and osteo-
ill NOT be

IDENTIFICATION

HEIGHT 5' 7"	WEIGHT 140
COLOR OF EYES BROWN	COLOR OF HAIR BROWN



PERSONAL DATA

If any of the following questions are answered "Yes", full details must be provided and attached to this application.

11-15-81
Stacie L. Spang

(each) sheet
Yes No

- 1. Have you ever been called before any state board for interrogation concerning any violation of the laws or rules pertaining to the profession for which you are applying or unethical conduct? Yes No
- 2. Have you ever been convicted of a felony or misdemeanor other than traffic violations? Yes No
- 3. Have you ever been convicted of a violation of any state or federal Controlled Substances Act, or any drug or narcotic law? Yes No
- 4. Have you ever had a license to practice revoked or suspended? Yes No
- 5. Have you ever been addicted to or treated for addiction to any controlled substance? Yes No
- 6. Have you ever received psychiatric treatment or received treatment for a mental illness? Yes No
- 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? Yes No
- 8. Have you ever been denied the right to take an examination for licensing in any state? Yes No
- 9. Are you presently suffering from any disability or illness which could affect your ability to safely practice medicine? Yes No
- 10. List any malpractice actions that have been filed against you, including the nature of the case, date and address of court where it is filed, and case status. *NONE*

PREVIOUS REGISTRATION

Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current:

State or Other	Profession	Certificate		Permanent or Temporary	License Received By		Currently in Force
		Year	No.		Examination	Other	
TEXAS	MD	1978	F1383	PERMANENT	✓		YES

PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience. Include college, university, medical or osteopathic school, and ALL periods of time from the date of graduation from medical or osteopathic school to the present whether or not engaged in activities related to medicine.

From Month, Day, Year	To Month, Day, Year	Name and Location of Institution, Place of Practice or Other	Degree or Certificate and Date Received, or Nature of Experience or Specialty
9-65	6-66	UNIVERSITY OF CALIF. AT LOS ANGELES	ADVANCED PLACEMENT
9-66	6-70	UNIVERSITY OF CALIF. AT BERKELEY	BA 1970
4-72	6-72	MERRITT COLLEGE, OAKLAND, CA.	PRE MED COURSES
7-72	12-73	UNIVERSITY OF CALIF. AT BERKELEY	PRE MED COURSES
6-74	6-78	BAYLOR COLLEGE OF MEDICINE	MD 1978
6-78	6-24-79	BAYLOR COLLEGE OF MEDICINE	INTERN- OB-GYN
7-1-79	6-30-82	BAYLOR COLLEGE OF MEDICINE	RESIDENT- OB-GYN

Applicants for licensure by STATE RECIPROCITY must provide the following certification.

To be executed by the Secretary of the Board or Department of the State upon whose license the applicant relies for reciprocal registration in Washington. (To be completed only if license was obtained by written examination).

I certify that the aforesaid in h..... examination before the
of this state attained a general average of percent (or FLEX WEIGHTED AVERAGE OF percent) and the following marks in the subjects named:

Subject	Percent	Subject	Percent

If FLEX examination please provide the following averages for each day.
DAY I DAY II DAY III
BASIC SCIENCES CLINICAL SCIENCES CLINICAL COMPETENCE

I do further certify that a certificate to practice
was issued to said applicant on the day of, 19....., upon the following qualifications:

.....
and said certificate has not been revoked or suspended and that, from the records now on file in this office, I believe h..... to be of good moral character and worthy of professional recognition, and recommend h..... 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 h..... to practice

In testimony thereof, witness my hand and seal this day of, 19.....

[SEAL]

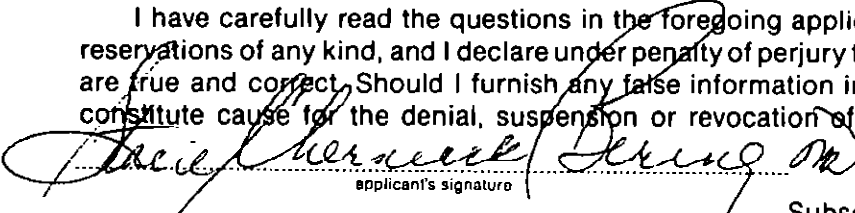
SECRETARY OF THE
POST OFFICE ADDRESS.....

AFFIDAVIT

I, STACIE CHERNIACK BERING, being first duly sworn, depose and say that I am the print or type full name of applicant person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; 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 misrepresentations.

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 Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Board may request a physical or mental evaluation to determine my fitness for practice.

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 furnish 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 in the State of Washington.


applicant's signature

Subscribed and sworn to before me this 5 day of May, 1982
John D. ...

[SEAL]

Notary Public for the state of Texas

MEDICAL BOARD WORKSHEET

NAME Stacie Cherniack Bering

DATE OF RECEIPT 5-19-82

1. LICENSURE BY

- a) National Board Waiver
- b) Reciprocity from _____
- c) FLEX Waiver
- d) LMCC
- e) Examination

2. FEE

3. ADDITIONAL PHOTOGRAPH

4. PROOF OF EDUCATIONAL EXPERIENCE

- a) TRANSCRIPTS *NA Recid*
- b) Postgraduate Medical Training *NA Recid*
- c) Chronology
- d) Personal Qualifications *#6*

5. FOREIGN GRADUATE

- a) ECFMG
- b) Medical School Subjects

6. LETTERS OF RECOMMENDATION

7. AFFIDAVIT

8. STATE CLEARANCE Md. 5-26-82 *TX Recid Recid 7-2*

9. AMA CLEARANCE Md. 5-26-82

ADMINISTRATIVE RECOMMENDATION _____

BOARD ACTION

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

DATE 7-20-82

PENDING _____

REVIEWED BY Carlson
CPA

June 8, 1982

Dear Mrs. Walker,

Enclosed please find the originals
of the letter verifying my residence
training.

Please note that as of July 1,
my address will be

MC W. 508 Sixth Ave Suite 303
Spokane, Wa. 99204

This is the address I would
like on my license, and is where
all correspondence should be
sent after July 1.

RECEIVED

JUN 11 1982

DIVISION OF
PROFESSIONAL LICENSING

Thank you,

Stacie Bering *hmb*

DEPARTMENT OF LICENSING

TO: M. Navone Surtees Carlson, M.D. DATE: July 13, 1982

FROM: Chris Rose *CRR*

RE: Application for Stacie Bering, M.D.

The enclosed application is being sent to you for review. You have the option of approval of the application, requesting further information prior to final approval, or referring the application to the next full Board meeting in September.

Please make your recommendations and comments on the bottom of this memo and return it to this office as soon as possible.

Thank you for your assistance.

CRR:jw

Enclosure

W #6
OK license 15 July 82 - no reports indicated to Bd.
M. Navone Surtees Carlson

FS. How is this for promptness, Chris?
CRR

DEPARTMENT OF LICENSING

TO: M. Navone Surtees Carlson, M.D. DATE: Ju-y 13, 1982

FROM: Chris Rose

RE: Application for Stacie Bering, M.D.

The enclosed application is being sent to you for review. You have the option of approval of the application, requesting further information prior to final approval, or referring the application to the next full Board meeting in September.

Please make your recommendations and comments on the bottom of this memo and return it to this office as soon as possible.

Thank you for your assistance.

CRR:jw

Enclosure



STATE OF WASHINGTON

DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504

June 2, 1982

Baylor College of Medicine
Texas Medical Center
Office of Post-graduate
Medical Education
Houston, TX 77030

RE: Bering, Stacie C.

Gentlemen:

The above named physician has applied for a license to practice medicine in the state of Washington. Before the request for a license may be reviewed, a background investigation must be conducted. Please complete the following questionnaire, and return it directly to this office.

1. Is the applicant, or has the applicant been, engaged in postgraduate training in your program? Yes No If so, include dates, area (specialty) of training. OB-Gyn July 1 1978 - June 30, 1982

2. Briefly evaluate his/her competence and conduct during the program. If performance evaluations were conducted, please include copies. outstanding!
a fine, ethical physician

3. Has the program ever had cause to restrict, suspend or terminate, or ask for a voluntary resignation of his/her participation in the program? Yes No Please explain if yes _____

4. Is there anything in your files which could call into question his/her ability to safely practice medicine? Yes No Please explain if yes _____

Please attach any copies of information in your records that would provide further information.

The enclosed copy of the applicant's Affidavit authorizes you to release this information. Please reply as soon as possible to avoid delays in licensing.

Sincerely,
Janet Walter
Janet Walter
Division of Professional
Licensing-Medical Section
P. O. Box 9649
Olympia, WA 98504
(206) 753-2205
MED 657-034 Residency Ltr.
(N/4/82) wdc

R. A. Kaufman
Signature
Prof + Chairman Dept of OB-Gyn
Title
Baylor College of Medicine
Post-graduate program
Houston, TX

RECEIVED

JUN - 8 1982

RECEIVED

JUN 24 1982

DIVISION OF
PROFESSIONAL LICENSING

[Handwritten signature]

AFFIDAVIT

I, STACIE CHERNICK BERING, being first duly sworn, depose and say that I am the

print or type full name of applicant

person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; 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 misrepresentations.

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 Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Board may request a physical or mental evaluation to determine my fitness for practice.

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 furnish 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 in the State of Washington.

Stacie Chernick Bering MD
Applicant's signature

[SEAL]

MED-657-020 Med/Osteo. APL
(R/8/80) Pg. 4 of 4

Expires 11/19/84

Subscribed and sworn to before me this 5 day of May, 1982

Notary Public for the state of Texas

Residing at 1200 Mansfield 77030

CONFIDENTIAL

ANGELICA FRIAS, M.D., P.A.
7000 FANNIN, SUITE 1600
HOUSTON, TEXAS 77030
790.0745

June 8th, 1982 -

Division of Professional License
P.O. Box 9646
Olympic
Washington, 98504.-

RECEIVED

JUN 15 1982

**DIVISION OF
PROFESSIONAL LICENSING**

Re: Steacy Bering M.D.

To whom it concerns:

I saw Dr Bering
for 2 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1) on
a once a week basis from Nov 9th 1979,
to Oct 16th 1980.-

At the time she was suffering from
2 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1) Both
conditions were pretty much under con-
trol by termination date. Her prognosis
seemed to be excellent.

From the psychiatric point of view I
see no impediment for Dr Bering
to be licensed as a practicing M.D.

Sincerely,

AFrias **MD.**

#6

PERSONAL DATA

#6 I consulted Dr. Angelica Freitas
(Houston, Texas) intermittently between
May, 1977 & June, 1978 for problems
related to my divorce.

Stacie J. Bering MD

DEPARTMENT OF LICENSING

*Please
Rush Reply*

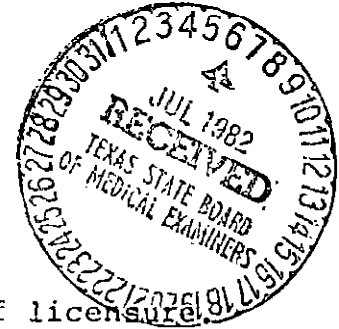
TO: Texas State Board of Medical Examiners

DATE: July 2, 1982

JW

FROM: Janet Walter, Medical Section
Division of Professional Licensing

RE: Verification of Licensure



Enclosed is a letter of verification of licensure. Please include the answer to the question "Has this physician ever been cited before your Board", as this is critical to the evaluation of the doctor's application.

Thank you for your assistance.

RECEIVED

JUL 9 1982

**DIVISION OF
PROFESSIONAL LICENSING**

DOL-200-6A Memo Short
(R/12/79)

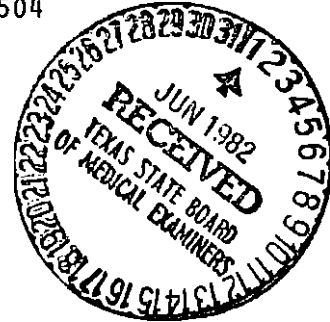
JOHN SPELLMAN
Governor



JOHN GONSALEZ
Director

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
P. O. Box 9649, Olympia, WA 98504

May 26, 1982



Texas State Board of Medical Examiners
P O Box 13562
Capitol Station
Austin, TX 78711

Dear Sir:

The following medical doctor has made application for license to practice Medicine and Surgery in the State of Washington:

Stacie Cherniack Bering M.D. Date of Birth 2-27-49

The doctor advises that he is licensed to practice his profession in your state. To assist us in evaluating his application, we would appreciate receiving the following information.

License No. F 1383 Date of Issue 1978

Is license current? Yes No

License issued on basis of National Boards Exam FLEX

Reciprocity with Other

Has this physician ever been cited before your Board? Yes No
If yes, please attach information.

Marion Waters
Signature

Alex
Title

Texas
State Board

Sincerely,

Janet Walter

Janet Walter
Medical Section
Division of Professional Licensing

DEPARTMENT OF LICENSING

TO: Texas State Board of Medical Examiners

DATE: July 2, 1982


JW
FROM: Janet Walter, Medical Section
Division of Professional Licensing

RE: Verification of Licensure

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DOL 200-6A Memo Short
(R/12/79)



6

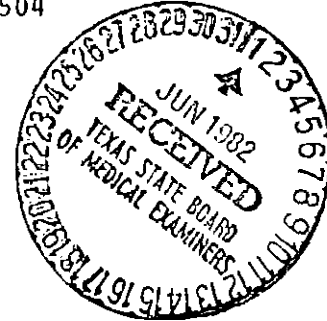
JOHN SPELLMAN
Governor



JOHN GONSALEZ
Director

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
P. O. Box 9649, Olympia, WA 98504

May 26, 1982



Texas State Board of Medical Examiners
P O Box 13562
Capitol Station
Austin, TX 78711

Dear Sir:

The following medical doctor has made application for license to practice Medicine and Surgery in the State of Washington:

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Marion Waters
Signature

Alex
Title

Texas
State/Board

Sincerely,

Janet Walter

Janet Walter
Medical Section
Division of Professional Licensing

Baylor College of Medicine

OFFICE OF GRADUATE MEDICAL EDUCATION • 713 790-4606



Affiliated Hospitals:
Ben Taub General
Jefferson Davis
Methodist
St. Luke's Episcopal
Texas Children's
Veterans Administration
Texas Institute for Rehabilitation and Research

March 18, 1982

RECEIVED

JUL 12 1982

**DIVISION OF
PROFESSIONAL LICENSING**

Professional Licensing Division
P.O. Box 9649
Olympia, Washington 98504

RE: Stacie C. Bering, M.D.

TO WHOM IT MAY CONCERN:

We have been requested by Stacie C. Bering, M.D., to write verification of her first year of residency training at Baylor College of Medicine Affiliated Hospitals.

We are pleased to confirm that Dr. Bering began her training as a first-year resident at Baylor in the department of Obstetrics and Gynecology on June 24, 1978. Dr. Bering successfully completed her first year and continued on in the Obstetrics and Gynecology program. Dr. Bering is currently a fourth-year resident who will be completing her training on June 30, 1982.

Sincerely,

Michael Brown

Michael Brown
Coordinator

MB:jlh

JOHN SPELLMAN
Governor



JOHN GONSALEZ
Director

STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

June 21, 1982

Michael Brown, Coordinator
Baylor College of Medicine
Office of Graduate Medical Education
Houston, TX 77030

RECEIVED
JUN 25 1982

Dear Mr. Brown:

Enclosed is a letter from your office verifying the residency training for Dr. Stacie C. Bering. This letter was submitted to our office by Dr. Bering along with her application for medical licensure.

Please have the College seal placed on the letter, and date the letter next to the seal, as further verification of its authenticity.

Thank you for your assistance.

Sincerely,

Chris Robert Rose
Administrative Assistant
Medical Section

Janet Walter

Janet Walter
Division of Professional Licensing
Medical Section
P. O. Box 9649
Olympia, WA 98504
(206) 753-2205

Enclosure

RECEIVED

APR 20 1982

DIVISION OF PROFESSIONAL LICENSING

M.D. DEGREE AWARDED

Date of Graduation: 06/05/78

With Honors

B. N. WILLIAMSON
Registrar (1)
Baylor College of Medicine
Houston, Texas 77030

Name: Bering, Stacie Cherniack
Undergraduate School(s):
U Of Ca-Berkeley (Ca)
Degree - Date: BA - 06/70
Graduate School:
UCB
Degree - Date: ~~UCB~~ - 00/00
Date of Birth: 02/27/49

Office of the Registrar
BAYLOR COLLEGE OF MEDICINE
TEXAS MEDICAL CENTER
Houston, Texas 77030

Date: 4-15-82
Date of Enrollment: 07/01/74

Transcript is not official unless it bears the impression of the Seal of the Baylor College of Medicine. This student is in good standing unless otherwise indicated.

Bering, Stacie

CORE BASIC SCIENCE COURSES

COURSE TITLE	ACADEMIC YEAR	GRADE	CREDITS
Gross Anatomy	74-75	P	11.00
Biochemistry	74-75	P	9.00
Cells, Tissues & Organs	74-75	P	9.00
Introduction To Disease	74-75	P	24.00
Microbiology	74-75	P	7.00
Neuroscience	74-75	P	8.00
General Pathology	74-75	P	2.00
Pharmacology	74-75	P	7.00
Physiology	74-75	P	9.00
Psychiatry	74-75	P	2.00
TOTAL BASIC SCIENCE CREDIT			88.00

CORE CLINICAL CLERKSHIPS

COURSE TITLE	ACADEMIC YEAR	GRADE	CREDITS
Autopsy	75-76	CR	N/A
Dermatology	77-78	P	1.00
Jurisprudence	76-77	CR	N/A
Medicine	76-77	H	24.00
Neurosciences	77-78	P	7.50

MEDICAL SCHOOL

Grading System

Prior to July 1971 students were ranked, i.e., 1/168, 75/168, etc.

July 1971 through June 1973: T1/3 = Top One-Third
M1/3 = Middle One-Third
L1/3 = Lower One-Third

July 1973 to present:

H	= Honors	I	= Incomplete
P	= Pass	F	= Fail
MP	= Marginal Pass	AU	= Audit
D	= Deferred	PC	= Placement Credit

Elective Credits

Prior to July 1973:

5.5 credit hours = full-time four-week clerkship
1 credit hour = 1 lecture/seminar hour per week per course
1 credit hour = 2 laboratory hours per week per course

July 1973 to present:

8 credit hours = full-time four-week clerkship
1 credit hour = 8 lecture/seminar hours per week for four-weeks
1 credit hour = 16 laboratory hours per week per course

GRADUATE STUDIES

Grading System

July 1973 to June 1979: H = Honors
P(S) = Pass
I = Incomplete (carried no longer than three quarters; after the third elapsed quarter, "I" automatically becomes an "F")
F(U) = Fail

July 1979 to present:

A = Honors Work
B = Passing Work
C = Marginal Work
I = Incomplete (carried no longer than three quarters; after the third elapsed quarter, "I" automatically becomes an "F")
F = Failing Work

*A grade of "C" does not confer credit toward the Graduate School requirements.
For Dissertation course work, i.e., courses numbered 550, only the grade "B" or "F" is used.*

ALLIED HEALTH PROGRAMS

Grading System

H	= Honors	I	= Incomplete
P	= Pass	F	= Fail
MP	= Marginal Pass	AU	= Audit
D	= Deferred	PC	= Placement Credit

Elective Credits

Basic Science:

5.5 credit hours = full-time, four-week clerkship
1 credit hour = 1 lecture/seminar hour per week per course
1 credit hour = 2 laboratory hours per week per course

Clinical:

6 credit hours = full-time, eight-week clerkship
4.5 credit hours = full-time, six-week clerkship
3 credit hours = full-time, four-week clerkship
1.5 credit hours = full-time, two-week clerkship

CORE CLINICAL CLERKSHIPS CONTINUED

COURSE TITLE	ACADEMIC YEAR	GRADE	CREDITS
Neurology			
Ophthalmology			
Otorhinolaryngology			
Rehabilitation			
Ob/Gyn	75-76	H	16.00
Pediatrics	75-76	P	16.00
Primary Care	77-78	P	7.50
Community Medicine			
Internal Medicine			
Pediatrics (OPD)			
Psychiatry	76-77	H	16.00
Surgery	75-76	H	24.00
Therapeutics	76-77	H	9.00
Pathology 503-Clinical Pathology	75-76	P	8.00
Pathology 502-Anatomic Pathology	75-76	P	1.00
TOTAL CORE CLINICAL CLERKSHIPS CREDIT			130.00

ACADEMIC ACTIONS:

Medical Leave of Absence-June 29, 1976
 Return from Medical Leave of Absence-July 22, 1976

ELECTIVES

COURSE TITLE	ACADEMIC YEAR	GRADE	CREDITS
Physiol 422-Interpretation Of Ecg	75-76	H	2.00
Pathology 502-Anatomic Pathology	75-76	P	7.00
Pathology 421-Ob/Gyn Pathology	75-76	H	3.00
Surgery 506-Surgery On Infants/Children	76-77	H	8.00
Ob-Gyn 503-Special Procedures InOB	76-77	P	8.00
Med 556b-Clinical Renal Disease	76-77	P	8.00
Med 513-Cardiology, Today & Tomorrow	76-77	H	8.00
Med 538b-Infectious Disease	76-77	P	8.00
Comm Med 507-Community Health	77-78	H	8.00
Psychiat 501-Externship In Psychiatry	77-78	P	8.00
Ob-Gyn 501-Endocrine Infertility	77-78	P	8.00
Psychiat 408-Medical Applications-Hypnosis	77-78	P	1.00
Derm 502-Clinical Dermatology	77-78	P	8.00
Med 548-Chest Medicine	77-78	H	8.00
Med 502-General Medicine	77-78	H	8.00
TOTAL ELECTIVE CREDIT			101.00

MEDICAL SCHOOL

Grading System

Prior to July 1971 students were ranked, i.e., 1/168, 75/168, etc.

July 1971 through June 1973: T1/3 = Top One-Third
M1/3 = Middle One-Third
L1/3 = Lower One-Third

July 1973 to present: H = Honors I = Incomplete
P = Pass F = Fail
MP = Marginal Pass AU = Audit
D = Deferred PC = Placement Credit

Elective Credits

Prior to July 1973:

5.5 credit hours = full-time four-week clerkship
1 credit hour = 1 lecture/seminar hour per week per course
1 credit hour = 2 laboratory hours per week per course

July 1973 to present:

8 credit hours = full-time four-week clerkship
1 credit hour = 8 lecture/seminar hours per week for four-weeks
1 credit hour = 16 laboratory hours per week per course

GRADUATE STUDIES

Grading System

July 1973 to June 1979: H = Honors
P(S) = Pass
I = Incomplete (carried no longer than three quarters; after the third elapsed quarter, "I" automatically becomes an "F".)
F(U) = Fail

July 1979 to present: A = Honors Work
B = Passing Work
C = Marginal Work
I = Incomplete (carried no longer than three quarters; after the third elapsed quarter, "I" automatically becomes an "F".)
F = Failing Work

*A grade of "C" does not confer credit toward the Graduate School requirements.
For Dissertation course work, i.e., courses numbered 550, only the grade "B" or "F" is used.*

ALLIED HEALTH PROGRAMS

Grading System

H = Honors I = Incomplete
P = Pass F = Fail
MP = Marginal Pass AU = Audit
D = Deferred PC = Placement Credit

Elective Credits

Basic Science:

5.5 credit hours = full-time, four-week clerkship
1 credit hour = 1 lecture/seminar hour per week per course
1 credit hour = 2 laboratory hours per week per course

Clinical:

6 credit hours = full-time, eight-week clerkship
4.5 credit hours = full-time, six-week clerkship
3 credit hours = full-time, four-week clerkship
1.5 credit hours = full-time, two-week clerkship

Any questions concerning the transcript should be directed to the Office of Student Affairs.

TELECOPIER
(206) 622-2522

BYRNES & KELLER
LAWYERS
38TH FLOOR
1000 SECOND AVENUE
SEATTLE, WASHINGTON 98104

MEDICAL UNIT
TELEPHONE
(206) 622-2000
JAN 18 1994
RECEIVED

January 13, 1994

VIA TELECOPIER

Department of Social and
Health Services
Medical Licensing Board
1300 S.E. Quince Street
P. O. Box 47866
Olympia, WA 98504

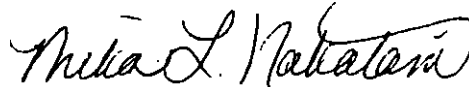
Attention: Lisa Pigott

Re: Stacie Bering, M.D.
Steven V. Silverstein, M.D.

Dear Lisa:

Pursuant to our telephone conversation this morning, I would like to request a copy of the application files for the two above-named physicians and any other information available to the public. Thank you very much for your assistance.

Very truly yours,



Mika L. Nakatani
Legal Assistant

June 21, 1982

Michael Brown, Coordinator
Baylor College of Medicine
Office of Graduate Medical Education
Houston, TX 77030

Dear Mr. Brown:

Enclosed is a letter from your office verifying the residency training for Dr. Stacie C. Bering. This letter was submitted to our office by Dr. Bering along with her application for medical licensure.

Please have the College seal placed on the letter, and date the letter next to the seal, as further verification of its authenticity.

Thank you for your assistance.

Sincerely,

Chris Robert Rose
Administrative Assistant
Medical Section

Janet Walter
Division of Professional Licensing
Medical Section
P. O. Box 9649
Olympia, WA 98504
(206) 753-2205

Enclosure

Baylor College of Medicine

OFFICE OF GRADUATE MEDICAL EDUCATION • 713 790-4606



Affiliated Hospitals:
Ben Taub General
Jefferson Davis
Methodist
St. Luke's Episcopal
Texas Children's
Veterans Administration
Texas Institute for Rehabilitation and Research

March 18, 1982

Professional Licensing Division
P.O. Box 9649
Olympia, Washington 98504

RE: Stacie C. Bering, M.D.

TO WHOM IT MAY CONCERN:

We have been requested by Stacie C. Bering, M.D., to write verification of her first year of residency training at Baylor College of Medicine Affiliated Hospitals.

We are pleased to confirm that Dr. Bering began her training as a first-year resident at Baylor in the department of Obstetrics and Gynecology on June 24, 1978. Dr. Bering successfully completed her first year and continued on in the Obstetrics and Gynecology program. Dr. Bering is currently a fourth-year resident who will be completing her training on June 30, 1982.

Sincerely,

Michael Brown
Coordinator

MB:jlm

JOHN SPELLMAN
Governor



JOHN GONSALEZ
Director

STATE OF WASHINGTON
DEPARTMENT OF LICENSING

May 28, 1982

Stacie C. Bering, M.D.
1518 Morse
Houston, TX 77019

Thank you for your medical application received in this office on May 19, 1982. The next meeting of the Board will be on July 9, 1982. Applications will be reviewed between Board meetings upon completion. Applications that need special Board consideration will be sent to the next Board meeting, if complete. Administrative requirements for processing applications take approximately 6-8 weeks after receipt of an application.

Your application lacks the following:

Please submit the original letter addressed to this office verifying your completion of the first year of your residency program. We will also need a letter from Dr. Frias sent to this office stating the diagnosis, course of treatment, and prognosis of your treatment under her care. If the letter from Dr. Frias is received by this office by June 18, your application will be reviewed at the July 9, 1982, Board meeting.
COPIES OF ALL DOCUMENTS MUST BE CERTIFIED AS TRUE.

The address on the application will be on your medical license, unless otherwise notified.

Sincerely,

Chris Robert Rose
Administrative Assistant
Medical Section

Janet Walter
Division of Professional Licensing
P. O. Box 9649
Olympia, WA 98504
(206) 753-2205

MED 657-14
(R/7/81)

THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.
2626-B WEST FREEWAY, FORT WORTH, TEXAS 76102

TO: WASHINGTON

SUBJECT: FLEX Examination Grades For:

BERING, STACIE C
1518 MORSE
HOUSTON, TX 77019

RECEIVED
MAY 26 1982

FIN 490227008
Birthdate 02/27/49
Date of Certification 05/20/82
DIVISION OF PROFESSIONAL LICENSING

It is certified that the named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following grades.

EXAMINATION DATE 06/78
FOR STATE 144
STATE ID# 02794

BASIC SCIENCE

Anatomy 81
Physiology 81
Biochemistry 68
Pathology 86
Microbiology 75
Pharmacology 84
Behavioral Science 88

BASIC SCIENCE AVERAGE 80.40

CLINICAL SCIENCE

Medicine 88
Surgery 84
Obstetrics 87
Public Health 84
Pediatrics 82
Psychiatry 87

CLINICAL SCIENCE AVERAGE 85.30

CLINICAL COMPETENCE AVERAGE 87.20

FLEX WEIGHTED AVERAGE 85.40

We have no unfavorable
information regarding
the above named physician.

Harold E. Jervy Jr., M.D.

HAROLD E. JERVEY JR., M.D.
EXECUTIVE DIRECTOR - SECRETARY

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 06-03-82
TIME: 12:07 PM

NAME: BERING, STACIE CHERNIACK, M.D.
ADDRESS: 1518 MORSE HOUSTON TX
BIRTHPLACE: LOS ANGELES, CA BIRTHDATE: 02/27/49
MEDICAL EDUCATION (SCHOOL YEAR):
✓ BAYLOR COLL MED, HOUSTON TX 77030
NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE
LICENSES:

77019

✓ 1978

✓ TX 1978
PHYSICIAN'S PROFESSIONAL ACTIVITIES:
RESIDENT
PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY
SECONDARY SPECIALTY: GENERAL PRACTICE
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE
CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: BAYLOR COLL MED-AFFIL HOSP HOUSTON TX 77030
DATES OF TRAINING: 07/79-06/82
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED
INTERNSHIP:
HOSPITAL: ✓ BAYLOR COLL MED-AFFIL HOSP HOUSTON TX 77030
DATES OF TRAINING: 07/78-06/79
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED
RESIDENCY:
NONE REPORTED TO DATE

COPYRIGHT 1982 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

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; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT 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.

Baylor College of Medicine

in consideration of the satisfactory completion
of all requirements prescribed by the faculty
hereby confers upon

Stacie Cherniack Bering

the degree of

Doctor of Medicine

with honor

together with all the rights, privileges and responsibilities appertaining thereto.
In testimony whereof, the corporate seal and the signatures as authorized by the

Board of Trustees are hereunto affixed.

Given at Houston, Texas

June 5, 1978

Luna D. Probst
Tarrant County, TX
Expires 11/19/80

L. D. Probst
Chairman of the Board of Trustees

Ray J. N. Tarkenton
Secretary of the Board of Trustees



Michael E. Baker
President

William T. Butler MD.
Executive Vice President and Dean

Baylor College of Medicine

OFFICE OF GRADUATE MEDICAL EDUCATION • 713 790-4606



Affiliated Hospitals:
Ben Taub General
Jefferson Davis
Methodist
St. Luke's Episcopal
Texas Children's
Veterans Administration
Texas Institute for Rehabilitation and Research

March 18, 1982

Professional Licensing Division
P.O. Box 9649
Olympia, Washington 98504

RE: Stacie C. Bering, M.D.

TO WHOM IT MAY CONCERN:

We have been requested by Stacie C. Bering, M.D., to write verification of her first year of residency training at Baylor College of Medicine Affiliated Hospitals.

We are pleased to confirm that Dr. Bering began her training as a first-year resident at Baylor in the department of Obstetrics and Gynecology on June 24, 1978. Dr. Bering successfully completed her first year and continued on in the Obstetrics and Gynecology program. Dr. Bering is currently a fourth-year resident who will be completing her training on June 30, 1982.

Sincerely,

Michael Brown
Coordinator

Lorna J. Gustafson
Harris County
Expires 11/19/84

MB:jlh

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known STACIE C. BERING
for seven years, from 1975 to 1982
during which period She was engaged in the study or active practice
of medicine. To the best of my knowledge She is of good moral
and professional character, is free from habits which might inter-
fere with her professional activities and is worthy of holding a
license to practice MEDICINE in the State of
Washington.

PLEASE PRINT OR TYPE

Name Raymond H. Kaufman, M. D.

Title Chairman, Department of Obstetrics and Gynecology

Capacity in which applicant known as a student and resident.

Address Baylor College of Medicine, Texas Medical Center, Houston, Tx. 77030

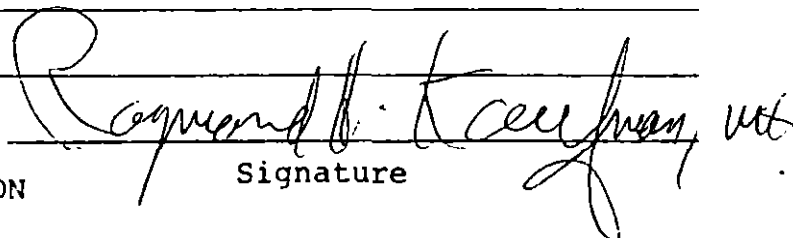
Licensed under laws of Texas

To practice Medicine

Please comment on applicant's professional character and ethics:

Dr. Stacie C. Bering is an extremely well trained obstetrician and gynecologist.

Her ethics and morals are above reproach.


Signature

MED 657-12 LTR OF RECOMMENDATION
(R/10/17/80)

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known STACIE C. BERING MD
for 4 years, from July 1978 to Present
during which period She was engaged in the study or active practice
of medicine. To the best of my knowledge she is of good moral
and professional character, is free from habits which might inter-
fere with her professional activities and is worthy of holding a
license to practice MEDICINE in the State of
Washington.

PLEASE PRINT OR TYPE

Name Bethany Hays, M.D.
Title Assistant Professor
Capacity in which applicant known Resident, Baylor Dept Ob-Gyn
Address 1200 Montwood, Houston, Texas 77030
Licensed under laws of Texas
To practice OB/Gyn

Please comment on applicant's professional character and ethics:

Dr. Bering has my highest recommendation.
Her professional conduct and abilities are
above reproach. Her ethical standards are
the highest and I know she will make a
welcomed addition to your medical community.
Bethany M. Hays (M.D.)

MED 657-12 LTR OF RECOMMENDATION
(R/10/17/80)

Signature

BUSINESS & PROFESSIONS SYSTEM
INPUT SOURCE DOCUMENT

VIDEO OPERATOR EXCEPTION CODE

PROG. CODE (1) **LA**

TRANS (3) **14**

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PIC/CIC (5)

DOCUMENT EXPIRATION DATE(9) & TYPE (10)

MONEY CTL (6) **051982** **0250** **15000**

STATUS (11) **1** TYPE (12) **1** KEY D (13) **022749** CLASS (14) ASSN (15)

FILL (16) **15000** SIGN (42) SPLIT (43) QTRD (56)

NAME (17) **BERING, STACIE CHERNIAK**

MAILING ADDRESSES (18-45)

1 **1518 MORISE**
2
3

CITY (46) **HOUSTON**

STATE (47) **TX** ZIP (48) **77019** CNTY (49) **51**

ADDITIONAL ADDRESSES (19-50-51)

1
2
3

CITY (52)

STATE (53) ZIP (54) CNTY (55)

RELATIONSHIP POINTER DATA

REV CODE (20) PIC/CIC (21)

NAME (22)

DOING BUSINESS AS (23)

1-30
31-49

PHONE (25) SSN (26) TAX NO. (27)

EXAM DATE (28) LOCATION (29) CERT DATE (30) CERT NO. (31)

VOTER DISTRICT (32) TITLE (33) GRAD YR/SCH (34) **430** LAST ISSUE DATE (35)

FIRST ISSUE DATE (37) BOND DATE (38) BOND TYPE (39) INS. DATE (40) INS. TYPE (41)

MAY 27 1982 58

Redaction Summary (3 redactions)

2 Privilege / Exemption reasons used:

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

2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (2 instances)

8

Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 11, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances