

Buckmaster

Candidate Number: _____



Washington State Department of
Health
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
Last Names A-L: betty.elliott@doh.wa.gov
Last Names M-Z: helen.boqar@doh.wa.gov

RECEIVED

DEC 14 2006

HPS 5

COMPLETE AND RETURN THIS FORM

Due to the ever-increasing volume of applications and our limited staffing resources, we are restructuring the way in which we contact you about your pending application. In order to devote our resources more efficiently and effectively in processing applications, contact through email is now the primary means for staff to correspond with you about your application. Please complete the lower portion of this form and return it to the address listed above. We will initiate emails every 3 to 4 weeks noting deficient documentation needed to complete your application. In addition, to minimize repeated inquiries, please note the primary contact person for your application; this is the one person you designate to make inquiries regarding your application. Changes to this primary contact will need to be made in writing with your signature and effective date noted. You or your primary contact may also initiate contact via email, which will be answered within 24 hours. Thank you for helping us in our endeavor to be more efficient and responsive to you as well as our other applicants.

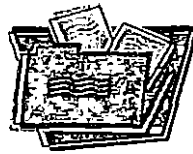
Email address: buckmasj@ohsu.edu
(PLEASE PRINT)

☐ I do not have an email address. Please contact me through regular mail at the address listed on my application.

Primary Contact: Sharon Woods
(IF OTHER THAN YOURSELF)

Contact email: woodss@ohsu.edu
(IF DIFFERENT FROM ABOVE)

Contact Phone Number: 503-494-2101



CREDENTIALING UNIT TRANSMITTAL SHEET

☐ FULL APPLICATION ☐ TEMPORARY PERMIT ☐ LIMITED APPLICATION

FILE COMPLETED _____ <div style="text-align: right; font-size: small;">(DATE)</div>		SUBMITTED FOR REVIEW _____ <div style="text-align: right; font-size: small;">(DATE)</div>	
FILE APPROVED <input type="checkbox"/> <div style="font-size: x-small;">(SEE WORKSHEET FOR SIGNATURE)</div>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____	
ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:			
● ● ● ●		Item Received _____ _____ _____ _____	
FILE RE-SUBMITTED FOR REVIEW _____ <div style="font-size: x-small;">(LAST DOCUMENT DATE)</div>		EXCEL REPORT UPDATED <input type="checkbox"/>	
FILE APPROVED <input type="checkbox"/> <div style="font-size: x-small;">(SEE WORKSHEET FOR SIGNATURE)</div>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____	
ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:			
● ●		Item Received _____ _____	
FILE RE-SUBMITTED FOR REVIEW _____ <div style="font-size: x-small;">(LAST DOCUMENT DATE)</div>		EXCEL REPORT UPDATED <input type="checkbox"/>	
FILE APPROVED <input type="checkbox"/> <div style="font-size: x-small;">(SEE WORKSHEET FOR SIGNATURE)</div>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____	
ADDITIONAL COMMENTS: 			

AAAAAA SSSSSS IIIIIIIIIII
AAAAAAA SSS SSS IIIIIIIIIII
AAAAAAA SSS SSS III
MEDICAL BOARD ASSESSMENT SYSTEMS, INC. 11-16-06
bje1303 REAL SYSTEM V2.5.74 01:38:37 PM
INDIVIDUAL NAME (JR,SR,III) REFERENCE # MC00019744
LAST BUCKMASTER SOC SEC NUM 1 - DOH Licensee Soc...
FIRST JOHN
MIDDLE G

RESIDENCE INFORMATION
3181 SW SAM JACKSON PK RD
L-458
PORTLAND OR 97007

PHONE: () - COUNTY: 51
() - LGL ST:

NOTES

+--ADDITIONAL INFORMATION--+	
SEX M =	MARRIED Y =
OTHER NAME	
CORP. OFFICER	=
TRUST ACCOUNT	
BIRTH PLACE BOZEMAN MT	
DATE 01-29-1955	
SCHOOL CODE 038010	
CE UNITS	0.00 REQD BY - -
+-----+	

CURRENT STATUS: U	EXPIRATION DATE: 11-16-2006	FIRST ISSUE DATE: 11-16-2006
RENEWAL STATUS:	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: - -
COMPLAINTS O/C: 0/ 0	AUTHORITY:	

1MENU #1 2AUTH DAT 3APPT DAT 4LICS DAT 5 ACCOUNT 6 7 8

Medical Quality Assurance Commission Physician Application Worksheet

Name BUCKMASTER JOHN Date of Birth 01/29/1955

Date Received 11/15/06 Cash Number _____ Candidate Number _____

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-13 ☒ AIDS ☒ Attest ☒ SSN ☒ Garfield Search

Chronology <input checked="" type="checkbox"/> \$ 18.00 Complete _____ to _____	<input type="checkbox"/> Temp Permit Issued Number: _____ <div> <div>11/16/06</div> <div>11/16/06</div> <div>ECFMG</div> <div>Archive File</div> </div>
---	--

Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
#9	_____	1		
#8	_____	2		
#10	_____	3		
#11	_____	4		

Medical School _____ School Code _____ ☐ U.S. ☐ Canadian ☐ International

Name OHSU Year of Degree 1980 11/15/06 Transcripts _____ Translations _____

Examination Type ☐ National Boards ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☒ Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
<u>4/5</u>	OHSU 6/80-7/81				
<u>4/5</u>	OHSU 7/81-7/84				
<u>3/17</u>	OHSU 7/84-7/87				

Received	State Licensure	Received	Hospital Privileges
<u>10/30/06</u>	OR	<u>10/25/06</u>	OHSU
<u>10/17</u>	ID	<u>10/27</u>	PROVIDENCE ST VINCENT
		<u>10/27</u>	LEGACY
		<u>10/27</u>	KAISER
		<u>10/27</u>	LEGACY DOWNTOWN

Approved Beverly L. Thomas Date 5/2/07

Comments: Per CMT approved on 5/2/07
Cullen, Dore, Hensley

Deficiency Letters:

<input checked="" type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December

MEDICAL QUALITY ASSURANCE COMMISSION

STAFF CONSULTANT REVIEW

DATE SUBMITTED

4/24

REQUESTER NAME:

Job

FILE NAME:

BUCKMASTER, JOHN

REQUESTER COMMENTS:

MED MAL (AMONG OTHER THINGS)

APPROVED

✓

DISAPPROVED

SIGNATURE

6 Hays

DATE 5-1-07

CONSULTANT COMMENTS:

5-1-07: Spoken to applicant re Oregon action from 94-95. He is still in Oregon Phys. Health Program on volunteer status. Applied for Texas license after fellowship but did not stay in Texas so withdrew application.

6 Hays

May 1, 07.

PHYSICIAN & SURGEON



325

REVENUE SECTION

PRINT NAME Buckmaster, J

**RETURN THIS PORTION
WITH CHECK & APPLICATION**

1F 0252090000 00236

00 16 2711

1657:11/7/2006 2:57:47 PM-0803

4325.00

OK 3111627

PHYSICIAN & SURGEON (OTHER)



10-

REVENUE SECTION

PRINT NAME Buckmaster John

RETURN THIS PORTION
WITH CHECK & APPLICATION

0766

LF 0252091000 DDE3S

0766-12/24/2006 3:50:37 PM-G601 \$10.00





Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785
(360) 236-4784

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

48201

LICENSE #

APPLICATION FOR LICENSE TO PRACTICE MEDICINE
APPLICABLE FOR MD'S ONLY

- ☒ National Boards ☐ Other State Exam ☐ LMCC (must have been obtained after 1969)
☐ FLEX Examination ☒ USMLE Examination

Please Type or Print Clearly – Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL
Buckmaster John G

ADDRESS
3181 SW Sam Jackson Park Rd L-458

CITY STATE ZIP COUNTY
Portland OR 97007 Multnomah

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)

(503) 494-2101

SOCIAL SECURITY NUMBER

1 - DOH Licensee Social Security Number - R...

GENDER
☐ Female ☒ Male

BIRTHDATE (MO/DAY/YEAR)

1-29-55

PLACE OF BIRTH

Bozeman, MT

Have you previously applied for a Washington State license or limited license? ☐ Yes ☒ No

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

HEIGHT
6' 2"

WEIGHT
220 lbs

EYE COLOR
Green

HAIR COLOR
Brown

MEDICAL SCHOOL
Oregon Health & Science Univ.

YEAR OF GRADUATION
1980

MEDICAL SPECIALTY
Obstetrics & Gynecology





Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785
(360) 236-4784

Background Check Processed

NOV 14 2006

WSH
Department of Health
Investigation Service Unit

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

LICENSE #

**APPLICATION FOR LICENSE TO PRACTICE MEDICINE
APPLICABLE FOR MD'S ONLY**

- ☐ National Boards ☐ Other State Exam ☐ LMCC (must have been obtained after 1969)
☐ FLEX Examination ☒ USMLE Examination

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NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
Buckmaster		John	G
ADDRESS			
3181 SW Sam Jackson Park Rd L-458			
CITY	STATE	ZIP	COUNTY
Portland	OR	97007	Multnomah

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)	SOCIAL SECURITY NUMBER	
(503) 494-2101	1 - DOH Licensee Social Security Number - R...	
GENDER	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	1-29-55	Bozeman, MT

Have you previously applied for a Washington State license or limited license? ☐ Yes ☒ No

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

HEIGHT	WEIGHT
EYE COLOR	HAIR COLOR
MEDICAL SCHOOL	YEAR OF GRADUATION
Oregon Health & Science Univ.	1980
MEDICAL SPECIALTY	
Obstetrics & Gynecology	



2. PERSONAL DATA QUESTIONS

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

☐ ☒

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?

☐ ☒

4. Are you currently engaged in the illegal use of controlled substances?

☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

- a. the use or distribution of controlled substances or legend drugs? ☐ ☒
- b. a charge of a sex offense? ☐ ☒
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☒
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☒

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☒

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☒ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☒ ☐

2. PERSONAL DATA QUESTIONS (continued)

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. EDUCATION AND EXPERIENCE

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 x 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (mo/yr)	
Medical Education (List all Medical Schools Attended) Oregon Health & Science Univ.	4 yrs	9/76	6/80	MD
Post-Graduate Training (List all Programs Attended) Oregon Health & Science Univ.	1 yr	6/80	7/81	Internship
Oregon Health & Science Univ.	3 yr	7/81	7/84	Residency
Oregon Health & Science Univ.	3 yr	7/84	7/87	MDM Fellowship

4. PROFESSIONAL EXPERIENCE

In chronological order list all professional experience received since graduation from medical school to the present.
(Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (mo/yr)
Perinatal Associates	9/87	11/94
John Buckmaster MD, MC Lovejoy Surgical Center	1/94	Current
Oregon Health & Science Univ.	2/02	Current
Providence St Vincent Medical Center	6/02	Current

5. HOSPITAL PRIVILEGES

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	DATES	
	Beginning (mo/yr)	Ending (mo/yr)
Oregon Health & Science Univ.	2/02	Current
Providence St Vincent Medical Center	6/02	Current
Legacy Downtown Hospital Med. Park	10/01	Current

Cont. #4

Professional Experience

Kaiser Permanente

8/2005 - current

Legacy Downtown Hosp.

10/01 - current

6. LICENSES IN OTHER STATES

List all licenses to practice medicine in any state, Canadian province or other country. (Include whether active or inactive.)

State, Country or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations On License
			Examination (Date Passed)	Endorsement		
OR, USA		MD12764			active	none
Id, USA		M5892			inactive active	none

7. FIFTH PATHWAY (Foreign Trained Applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

8. AIDS AFFIDAVIT

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS. I understand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Department of Health if requested. (WAC 246-919-380)


APPLICANT'S SIGNATURE

10/23/06
DATE

9. APPLICANT'S ATTESTATION

I, John Buckmaster, certify that I am the person described and identified in this application, that I have read 18.130.170 RCW and 18.130.180 RCW, of the Uniform Disciplinary Act, and that I have answered all questions in the application truthfully and completely and the documentation provided in support of the application is, to the best of my knowledge, accurate. I understand that the Department may require additional information from me prior to making a determination regarding my application.

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


APPLICANT'S SIGNATURE

12/27/05
DATE

Official Use Only**Washington State Records Center**

HPQA
RECEIVED
NOV 08 2006
CSC

JOHN G. BUCKMASTER, M.D.

PHYSICIAN & SURGEON
Obstetrics and Gynecology
High-Risk Obstetrics
Perinatal Genetics

2222 N.W. Lovejoy, Suite 601
Portland, Oregon 97210

Telephone
(503) 229-7603

In 1995, I was named as a co-defendant in a lawsuit entitled Bennet-Cullinan v Emanuel, et al. Multnomah County Circuit Court #9503-01570. The case was settled out of court by Legacy without my participation, and I am not privy to the details.

You can contact Legacy, office of corporate affairs or the Attorney, Robert Keating for further information.

J. Buckmaster
y 11/17/02

Oregon

BOARD OF
MEDICAL
EXAMINERS

August 9, 1995

PERSONAL AND CONFIDENTIAL
CERTIFIED MAIL; RETURN RECEIPT REQUESTED

John Buckmaster, M.D.
5415 SW Westgate Drive, Suite 203
Portland, OR 97221

Dear Dr. Buckmaster:

The Board of Medical Examiners has concluded its investigation of your medical practice and has found no violation of the Medical Practice Act. Your Stipulated Order dated February 7, 1995 is hereby cancelled. Enclosed, please find a copy of the Board's Order Dismissing Stipulated Order.

If you have any questions, please contact this office.

Sincerely,



Dave LaDuca
Chief Investigator

DLD:pdb
Enclosure: Order Dismissing Stipulated Order
cc: Paul Sundermier
David Landis

John A. Kitzhaber
Governor



620 Crown Plaza
1500 SW First Avenue
Portland, OR 97201-5826
(503) 229-5770

JOHN G. BUCKMASTER, M.D.
PHYSICIAN & SURGEON
Obstetrics and Gynecology
High-Risk Obstetrics
Perinatal Genetics

2222 N.W. Lovejoy, Suite 601
Portland, Oregon 97210

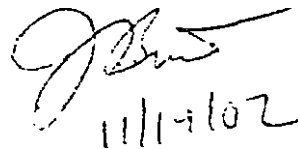
Telephone
(503) 229-7603

In November of 1994 a former patient of mine made a complaint with the State Board of Medical Examiners.

Following the complaint, prior to investigation, the Board suspended my license. The Board then investigated the complaint and found no violation of the Medical Practice Act, and reinstated my license fully.

As a result of the temporary suspension, my privileges were affected at St. Vincent, Legacy Portland Hospitals and Meridian Park Hospital, and my license in Idaho was suspended. All privileges and licenses have been fully reinstated. I was also suspended by some HMO's including PACC and HMO Oregon, but all have been reinstated.

Please let me know if you need further information.


11/14/02

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Portland, Oregon
Program Medicine

Date of Birth Jan. 29, 1955 Entered September 13, 1976

Record of BUCKMASTER, John Gilbert

Social Security No. 1 - DOH Licensee So...

Degree: M.D.: June 8, 1980

Parent or Guardian Roy C. Buckmaster (father)

DEPT	COURSE NO	COURSE TITLE	CR.	GR	HONOR POINTS	DEPT	COURSE NO.	COURSE TITLE	CR.	GR	HONOR POINTS
B.S.: University of Portland, May 9, 1976						SECOND YEAR (cont.)					
FIRST YEAR 1976-77						Med	681	Premarital&Marital Couns in Med Pract & Med Probs of Sexuality	2	Acc	
An	410	Gross Anatomy	12	B		Psy	609	ClExp: Clinical Interview Experience	2	Acc	
An	411	Histology	4	B		THIRD YEAR 1978-79					
An	412	Neuroanatomy	4	B		Summer Session					
BCh	410	Basic Biochemistry	3	B		Med	620	Third Year Medicine	18	Acc/H	
Con	410	Cell Organization and Function	5	C		Fall Term					
Con	411	Medical Genetics	2	A		Con	621	Ophthalmology and Otolaryngology	4½	Acc/Acc	
Con	412	Developmental Biology	2	B		Psy	620	Psychiatry Clinical Clerkship	9	Acc/H	
Con	413	Introduction to Patient Evaluation	3	P		RadD	620	Radiographic Diagnosis	1½	Acc/Acc	
Con	414	Immunology	2	B		Winter Term					
MPs	410	Medical Psychology	2	A		Con	620	Child Health	18	Acc/H	
PH	410	Public Health and Epidemiology	3	B		Con	630	Law and Medicine	2	Acc	
Phy	410	Human Physiology	7	B		Spring Term					
Psy	410	The Human Context of Medical Practice	2	A		Derm	609	ClExp: Clinical Dermatology	9	H/H	
Pth	410	General Pathology	3	B		PH	609	ClExp: Clinical Field Experience	9	H/H	
			5/84	3.020		FOURTH YEAR 1979-80					
Summer Session 1977						Summer Term 1979					
MPs	522	Alcohol and Behavior	3	A		Con	631	Neurology & Neurosurgery	9	Acc/H	
SECOND YEAR 1977-78						ObG	620	Obstetrics & Gynecology	9	Acc/H	
Con	610	Pathophysiology of Skin, Bone,&Connective Tissue	3	Acc		Fall Term					
Con	611	Patient Evaluation	5	Acc		Sur	620	Surgery	18	M/H	
Con	612	Cardiovascular Patho- physiology	6	Acc		Winter Term					
Con	613	Respiratory Pathophys- iology	3	Acc		PH	609	ClExp: Clinical Field Experience	9	H/Acc	
Con	614	Renal Pathophysiology	5	Acc							
Con	615	Blood&Reticuloendothelial Pathophysiology	5	Acc							
Con	616	Endocrine & Reproductive Pathophysiology	8	Acc							
Con	617	Gastrointestinal Patho- physiology	5	Acc							
Con	619	Pathophysiology of the Central Nervous System, Muscle, and Special Sensory Organs	7	Acc							
Mb	610	Introduction to Medical Microbiology	4	Acc							
Phc	610	Pharmacology	3	Acc							

Cherie Honnell
Director Financial Aid/Registrar

OREGON HEALTH & SCIENCE UNIVERSITY

Office of the Registrar

(503) 494-7800 • www.ohsu.edu

3181 SW Sam Jackson Park Road, Portland, Oregon 97239

Under the provisions of Public Law 93-380 (as amended), the information contained in this document is not to be released to others without the written consent of the student named herein.

About Oregon Health & Science University (OHSU)

The University is comprised of four schools - School of Dentistry, School of Medicine, School of Nursing and OGI School of Science & Engineering. The university grants the state's only doctoral degrees in dentistry, medicine and nursing.

Former Names

1887: the University of Oregon established a medical school in Portland, Oregon. 1926: the University of Oregon established a program in nursing. 1974: the Oregon Legislature established the University of Oregon Health Sciences Center as a free-standing institution within the Oregon State System of Higher Education. 1981: the health sciences center was renamed Oregon Health Sciences University. In 2001: the Oregon Health Sciences University merged with the Oregon Graduate Institute of Science and Technology (formerly known as the Oregon Graduate Center prior to 1989) and was renamed Oregon Health & Science University.

Accreditation

Oregon Health & Science University is accredited by the Northwest Association of Schools and Colleges. In addition, various programs are accredited by professional accrediting associations.

Calendar

Oregon Health & Science University operates on the term or quarter system.

Course Numbering System

200-299	Lower division level
300-499	Upper division level
500-599	Graduate courses offered primarily in support of master's level programs
600-699	Graduate courses offered primarily in support of doctoral level programs
700-799	Professional courses which may be applied to a professional degree

OGI School of Science & Engineering (Prior to September 2003)

400-499	Courses not eligible for graduate credit
500-599	Graduate courses
600	Pre-qualifying Ph.D. Research
610	Non-thesis Master's Research
620/650-621/651	Internship
700	Thesis Master's Research
800	Post-qualifying Ph.D. Research

Repeated Courses

A course followed by an E indicates the course has been repeated and has been excluded from the GPA calculation, the total earned credits and the degree requirements.

Grading System

School of Medicine - MD Program

Prior to September 16, 1961: I=91-100%, II=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing).

Beginning September 18, 1961: A=Exceptional, B=Superior, C=Average, D=Inferior, E=Conditional, F=Failure.

Beginning September 12, 1977: H=Honors, Acc=Acceptable, M=Marginal, F=Failure, P=Pass, NP=No Pass, AU=Audit, I=Incomplete, W=Withdrew. Courses listing two grades, i.e. Acc/H are for knowledge/skills.

Beginning June 12, 1988: H=Honors, NH=Near Honors, S=Satisfactory, M=Marginal, F=Failure, X=No Grade Received/No Basis for Grade, P=Pass, NP=No Pass, AU=Audit, I=Incomplete, W=Withdrew. The mark "M" necessitates remedial work with a mark of at least "S" or better on the academic record. The mark of "F" would require repeating the course. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

School of Medicine - Graduate and Allied Health Programs

Prior to September 16, 1961: I=91-100%, II=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing).

Beginning September 18, 1961: A=Exceptional, B=Superior, C=Average, D=Inferior, E=Conditional, F=Failure.

Beginning September 1989: 4.0=Exceptional, 3.0=Superior, 2.0=Average, 1.0=Inferior, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, X=No Grade Received/No Basis for Grade, W=Withdrew. For Allied Health beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

Beginning September 2003 (for Graduate Programs only): A=Exceptional, B=Superior, C=Average, D=Inferior (- or - may be used with letter grades), F=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, X=No Grade Received/No Basis for Grade, W=Withdrew, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

School of Nursing

Prior to June 21, 1971: A=Exceptional, B=Superior, C=Average, D=Inferior, F=Failure.

From June 21, 1971 to August 13, 1982: A=Exceptional, B=Superior, C=Average, P=Satisfactory or better, N=Unsatisfactory.

Beginning September 27, 1982: 4.0=Exceptional, 3.0=Superior, 2.0=Average, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, W=Withdrew, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory, X=No Grade Received/No Basis for Grade, IP=In Progress. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

OHSU students on the Southern Oregon University (SOU) campus (formerly Southern Oregon State College (SOSC)): valid grades include A, B, C, D, F (with or without plus/minus), from September, 1993 through June, 1994 only.

OGI School of Science & Engineering

Beginning Fall 1998: A=High Pass, B=Pass, C=Low Pass, (+ or - may be used with letter grades), F=Fail, P=Pass, NP=No Pass, W=Withdrawn, I=Incomplete, PI=Permanent Incomplete, AU=Audit, NG=No Grade

RECEIVED

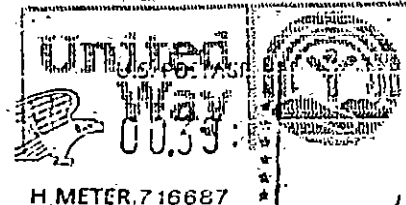
NOV 15 2006

HPS 5



Registrar & Financial Aid

Mail code: L 109
3181 S.W. Sam Jackson Park Rd.
Portland, Oregon 97239-3098



INCOMING 11/13/2006

Dept of Health Bd of Med.
P O Box 47866
Olympia, Wa 98504

98504+0000





NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

RECEIVED

JAN 12 2007

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

Recipient: Washington Med Quality Assurance Comm
PO Box 47866
Olympia, WA 98504-7866

Date: 01/04/2007

Examinee: John Gilbert Buckmaster

Examinee ID: 3-233-104-3

Date of Birth: 01/29/1955

NBME Certification Date: 07/01/1981

Certificate#: 233104

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total	(Min. Pass)	Individual Subject Scores						
			Score		Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/13/1978	Pass	Three-Digit	480	(380)	500	460	405	530	495	470	575
		Two-Digit	79	(75)	81	78	75	82	80	79	85

NBME PART II

Test Date	Pass/Fail	Score Scale	Total	(Min. Pass)	Individual Subject Scores					
			Score		Med	Surg	ObGyn	Prev	Peds	Psych
04/09/1980	Pass	Three-Digit	490	(290)	390	480	375	630	555	530
		Two-Digit	81	(75)	77	81	76	88	85	84

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	(Min. Pass)
			Score	
03/04/1981	Pass	Three-Digit	635	(290)
		Two-Digit	87	(75)



Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the

Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

TO: Post Graduate Training Program Director

OHSU ATTN: Valerie Forster

FACILITY NAME

3181 SW Sam Jackson PK Rd L466

ADDRESS

Portland, OR 97239

RECEIVED

APR 05 2007

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

RE: Verification/Evaluation of Training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address show below. All questions must be answered.

John G. Buckmaster

APPLICANT (PRINT OR TYPE)

1/29/55

BIRTHDATE

SIGNATURE OF APPLICANT

1. John G. Buckmaster

is or was engaged in post-graduate training in our program

from

6/80

BEGINNING DATE (MONTH & YEAR)

to

7/84

ENDING DATE (MONTH & YEAR)

in the field of

OB/GYN

2. At the time this individual completed training, was this program accredited through the Accreditation Council for Graduate Medical Education? ☒ Yes ☐ No

3. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)

Outstanding Physician!

4. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain

5. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.

6. We would appreciate any further documentation you feel would assist in the evaluation process. Thank you.

Return to:

Medical Quality Assurance Commission

1300 SE Quince Street

P O Box 47866

Olympia, WA 98504-7866

(360) 236-4785 (A-L)

(360) 236-4784 (M-Z)

(Seal)

Signature

Director, Residency Program

Hospital

OHSU

Address

3181 SW SAM JACKSON PK RD, L466

PORTLAND, OR 97239

Date

3/28/07

Telephone

503-494-3100

**MD
RECEIVED**

TO: Post Graduate Training Program Director

OHSU ATTN: Maternal-Fetal Med.

FACILITY NAME

3181 SW Sam Jackson Pk Rd

ADDRESS

Portland, OR 97239

MAR 30 2007

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

RE: Verification/Evaluation of Training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

John G. Buckmaster

APPLICANT (PRINT OR TYPE)

1/27/55

BIRTHDATE

SIGNATURE OF APPLICANT

1. John G. Buckmaster

is or was engaged in post-graduate training in our program

from

7/84

to

7/87

BEGINNING DATE (MONTH & YEAR)

ENDING DATE (MONTH & YEAR)

in the field of

Maternal-Fetal Medicine

2. At the time this individual completed training, was this program accredited through the Accreditation Council for Graduate Medical Education? ☐ Yes ☒ No

ABMS

ABMS

OBGYN

Certified

3. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)

Excellent physician who completed all aspects of the Fellowship.

4. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain5. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation.

6. We would appreciate any further documentation you feel would assist in the evaluation process. Thank you.

Return to:

Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature

Title

Fellowship Director

Hospital

OHSU

Address

3181 SW Sam Jackson Pk Rd

Portland, OR

97239

Date

3/27/07

Telephone

503-744-2161



Oregon

Theodore R. Kulongoski, Governor

Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

www.oregon.gov/bme

October 27, 2005

RECEIVED

OCT 30 2006

HPS 5

Dept. Health Med. Qty. Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

Re: JOHN GILBERT BUCKMASTER, MD

License #: MD12764

This is in response to your inquiry about the standing of the above-named licensee. Pursuant to ORS 677.425, please find copies of the enclosed legal orders listed below:

- Emergency Suspension Order, 12/9/94
- Stipulated Order, 2/7/95
- Order Dismissing Stipulated Order, 8/8/95

Kathleen Haley,
Executive Director

Beverly G. Loder
Investigations Secretary

Enc.



Oregon

Theodore R. Kulongoski, Governor

VERIFICATION OF LICENSURE
October 26, 2006

Board of Medical Examiners

1500 SW 1st Ave Ste 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2670
www.oregon.gov/bme

Licensee's Name: BUCKMASTER, JOHN GILBERT MD

License Number: MD12764

Status: Active

Type: Medical Physician and/or Surgeon

Date of Birth: 01/29/1955

Date Of Permanent License: 07/11/1981

Expiration Date: 12/31/07

Disciplinary Standing: PRIOR ACTION. SEE ATTACHED.

Specialty: Obstetrics and Gynecology

Status Limitations: None

Extensions: NONE

Mailing Address: 3181 SW SAM JACKSON PARK RD, L466
PORTLAND, OR 97239

Business Phone : 503-494-2101

Gender: Male

School: UOHSC

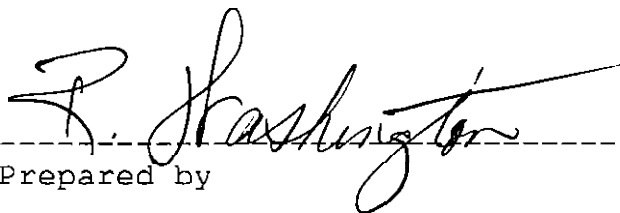
Graduation Date: 06/08/80

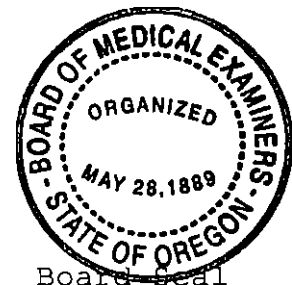
School Location: PORTLAND, OR

Basis Of Oregon Licensure: National Board

Dispensing Physician?: No

Advanced Education: 06/80 - 06/81 INTERN
UOHSC PORTLAND, OR


Prepared by



Board Seal

(For definitions, see <http://www.oregon.gov/bme/glossary.html>)

COPY

JOHN G. BUCKMASTER, M.D.,
License No. MD12764.

ORDER DISMISSING
STIPULATED ORDER

The Board of Medical Examiners (Board) is the state agency responsible for licensing and disciplining certain health care providers in Oregon, including medical doctors. John B. Buckman is a licensee of the Board, who primarily has practices in Portland, Oregon.

As a result of the Board's investigation concerning Buckmaster's alleged inappropriate conduct with a patient and possible relapse behavior concerning prior [REDACTED] 2 - Healthcare Information Readily Identifiable Information, the Board concluded at its regular meeting in July, 2011, that no formal charges should be brought against Buckmaster and the investigation was concluded with a Letter of Concern.

Consequently, the interim order entered by the Board and
related to by Dr. Buckmaster on the 7th day of February, 1995,

///

1 is hereby dismissed and Dr. Buckmaster's license is fully
2 reinstated.

3 IT IS SO ORDERED this 8th day of August, 1995. -

4 BOARD OF MEDICAL EXAMINERS
5 State of Oregon

6 By: 
Edward A. Heusch, D.O., Chairman

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PAGE 2 - ORDER DISMISSING STIPULATED ORDER (JOHN BUCKMASTER, M.D.)

COPY

BEFORE THE
BOARD OF MEDICAL EXAMINERS
STATE OF OREGON

In the Matter of)
JOHN G. BUCKMASTER, M.D.) STIPULATED ORDER
License # MD12764,)
_____)

1.

The Board of Medical Examiners (Board) is the state agency responsible for licensing and disciplining certain health care providers in Oregon, including medical doctors. John G. Buckmaster, M.D., is a licensee of the Board, who primarily has practiced OBGYN in Portland, Oregon.

2.

On December 9, 1994, as a result of an investigation by the Board, the license of Dr. Buckmaster was suspended on an emergency basis. That investigation revealed that Dr. Buckmaster previously had been in treatment for substance abuse, had multiple relapses, and was then engaging in conduct which constituted relapse behavior. That conduct was viewed by the Board's advisor on substance abuse as relapse behavior as well as the licensee himself. The licensee reported to the Board investigator that he considered himself a danger to his patients at that time. Licensee ceased the practice of medicine and attended a program of therapy and analysis of his problems.

///

///

3.

Following his return to Oregon from the treatment program, Dr. Buckmaster petitioned the Board to lift the order of Suspension subject to conditions. After considering the advice of its advisor on substance abuse, the investigator's report, and the licensee's past and recent conduct, the Board concludes that the public may be protected by the entry of an order, as follows:

4.

(1) Licensee shall maintain a formal relationship with the Board's Diversion Program and shall comply with all of the program's requirements, including random urine screening.

(2) Licensee shall undergo a program of psychotherapy with licensed psychologist Susanne Schumann, who shall file a written report to the Board before the first day of January, April, July, and October of each year on the progress of Dr. Buckmaster.

(3) Licensee shall attend one or more seminars approved by the Board which address both the issues of appropriate boundaries in the doctor-patient relationship and the issues of ethical considerations in the doctor-patient relationship.

(4) Licensee will have a strictly professional relationship with female patients and will not enter into a personal relationship with a female patient.

(5) Licensee will be accompanied by a female chaperone whenever examining, ^{or} treating, ~~or consulting with~~ a female patient. JB

(6) Licensee will notify the nursing and office personnel of his office of the terms of this order. Such personnel shall be

1 encouraged to report to the Board any indication by the licensee
2 of inappropriate behavior or relationships with female patients.

3 (7) Licensee shall notify the medical staff of any hospital
4 to which he submits a request for privileges, or from whom
5 privileges are granted, of the terms of this order.

6 (8) If licensee is granted privileges at any hospital, he
7 shall cause the Chief of Staff and the Administrator of such
8 hospital to submit reports of his conduct relating to professional
9 boundaries between physicians and patients on or before the first
10 day of January, April, July and October of each year until
11 otherwise ordered by the Board.

12 (9) Licensee shall report in person to the Board at each of
13 its regular quarterly meetings until otherwise ordered by the
14 Board.

15 (10) Evidence that the licensee has violated any of the above
16 conditions or any provision of ORS 677.190 shall give the Board
17 cause to vacate this order and to order suspension or revocation
18 of his license.

19 5.

20 Licensee and the Board stipulate that this is an interim
21 order and does not conclude the Board's investigation of his
22 conduct leading up to this order. Licensee may be subject to
23 further investigation, including appearing before the
24 Investigative Committee and full Board for interviews, and the
25 Board may propose to take disciplinary action, including
26 suspension or revocation of his license.

6.

ORDER

IT IS HEREBY ORDERED THAT the license to practice medicine of John G. Buckmaster, M.D., is restored pending further investigation by the Board and subject to the limitations and conditions appearing in this order, and the Emergency Suspension Order entered on December 9, 1994, is vacated.

IT IS SO STIPULATED this 7th day of February, 1995.

John G. Buckmaster M.D.
JOHN G. BUCKMASTER, M.D.

IT IS SO ORDERED this 7th day of February, 1995.

Terry Connor D.O.
TERRY CONNOR, D.O., Chairman

PJS:pjs:ros\JGG0AF48

COPY

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF OREGON

In the Matter of)
the license of)
JOHN GILBERT BUCKMASTER, M.D.)
OREGON LICENSE NO. MD12764) EMERGENCY SUSPENSION ORDER

1.

John Gilbert Buckmaster is a physician licensed to practice medicine in the State of Oregon by the Board of Medical Examiners (Board). The Board is the state agency responsible for protecting the public from the practice of medicine by unauthorized or unqualified persons and from unprofessional conduct by persons licensed to practice medicine under ORS Chapter 677.

2.

On November 30, 1994, Dr. Buckmaster admitted to Board Investigators that he has engaged in conduct with a female patient which crossed professional boundaries. He acknowledged that this conduct constitutes an immediate danger to his patients.

FINDINGS OF FACT

3.

Dr. Buckmaster presents an immediate danger to the health and safety of the public at this time, which he admits.

CONCLUSIONS OF LAW

4.

The conduct described in paragraph 2 above constitutes a

1 violation of ORS 677.190(1), unprofessional or dishonorable
2 conduct, as defined in ORS 677.188(4)(a).

3 **ORDER**

4 5.

5 Dr. Buckmaster (licensee) is immediately suspended from
6 the practice of medicine in Oregon.

7 6.

8 **NOTICE OF RIGHTS**

9 You are entitled to a hearing as provided by the
10 Administrative Procedures Act (Chapter 183 Oregon Revised
11 Statutes). You may be represented by counsel at the hearing.
12 If you desire a hearing, you must notify the Board in writing
13 that you request a hearing date within ninety (90) days of the
14 mailing of this notice to you. Upon receipt of your request,
15 the Board will notify you of the time and place of the hearing.

16 If you request a hearing, you will be given information on
17 the procedures, right of representation and other rights of
18 parties relating to the conduct of the hearing as required under
19 ORS 183.413(2) before commencement of the hearing.

20 Dated at Portland, Oregon this 9th day of December, 1994.

21
22 
23 TERRY CONNOR, D.O., Chairman
24 Oregon Board of Medical Examiners
25
26



STATE OF IDAHO

BOARD OF MEDICINE

March 07, 2007

1755 Westgate Dr. Ste 140

Boise, Idaho 83704

(280) 327-7000

FAX (208) 327-7005

E-Mail Info@bom.state.id.us

CERTIFICATION

This is to certify that a search of the available records of the Idaho State of Medicine indicates the following:

JOHN GILBERT BUCKMASTER, MD

LICENSE NUMBER:	M-5892
LICENSE TYPE:	PHYSICIAN AND SURGEON - INACTIVE
DATE ISSUED:	11/09/1991
LICENSE STATUS:	Current
LAST ACTION:	Reinstated
MEDICAL SCHOOL:	OR HLTII SCI UNIV SCH OF MED, PORTLAND OR 97201
DISCIPLINARY ACTION:	Yes
EXPIRATION DATE:	06/30/2007

This license information was last updated on: 03/07/2007

If other information is needed, please contact the individual or the agency or institution which generated the information.

If disciplinary action is indicated details will be made available by photocopy from the public file upon written request.

Nancy M. Kerr
Executive Director



RECEIVED

MD

TO: Hospital Administration

Haiser

Dawn
ATTN: Credentialing
813-4211

APR 16 2007

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5Any questions please
Call Sharon 494-7968

ADDRESS

4/10/07 → Pay 813-3815

Please email woodss@ohsu.edu
when sent. Thanks!

RE: Verification and Evaluation of Privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am therefore authorizing the release of and would appreciate you providing the appropriate information directly to the address show below at your earliest convenience. All questions must be answered.

John Buckmaster

11/29/55

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

1. John Buckmaster

now has/had admitting or specialty privileges at this hospital

from

8/05 10/25/05

BEGINNING DATE (MONTH & YEAR)

to

Current

ENDING DATE (MONTH & YEAR)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? ☐ Yes ☒ No

If yes, please explain

3. Has the applicant ever been asked to resign? ☐ Yes ☒ No If yes, please explain

4. Is there any information in your files which would indicate the applicant's inability to safely practice medicine?

☐ Yes ☒ No If yes, please explain

5. We would appreciate any information you feel would assist in the evaluation process. Thank you.

Return to:

Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47868
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature

Dawn Olson

Title

Med Staff Credentialing Spec

Hospital

Kaiser Permanente

PLEASE TYPE OR PRINT

Address

500 NE Multnomah Street

Suite 100 5th floor Portland OR 97232

Date

4/12/07

Telephone

503-813-4211



MD

TO: Hospital Administration

OHSU

HOSPITAL NAME

3181 SW Sam Jackson Park Rd

ADDRESS

Portland OR 97239

RECEIVED

OCT 25 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONALS

RE: Verification and Evaluation of Privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am therefore authorizing the release of and would appreciate you providing the appropriate information **directly** to the address show below at your earliest convenience. **All questions must be answered.**

John G. Buckmaster

APPLICANT (PRINT OR TYPE)

1-29-55

BIRTHDATE

SIGNATURE OF APPLICANT

1. John G Buckmaster now has/had admitting or specialty privileges at this hospital
from 02/02 to current
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? ☐ Yes ☒ No

If yes, please explain

3. Has the applicant ever been asked to resign? ☐ Yes ☒ No If yes, please explain

4. Is there any information in your files which would indicate the applicant's inability to safely practice medicine?

☐ Yes ☒ No If yes, please explain

5. We would appreciate any information you feel would assist in the evaluation process. Thank you.

Return to:

Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

N/A

Signature

Title

Hospital

PLEASE TYPE OR PRINT

Address

Date

Telephone



Medical Staff Office

Mail code: MBS, 3181 SW Sam Jackson Park Rd., Portland, OR 97239
503-494-8014 phone, 503-494-2251 fax

RECEIVED

OCT 25 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

October 20, 2006

VIA FACSIMILE (360) 236-4768
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

In response to your recent inquiry regarding practitioner: John G. Buckmaster, MD.

Our Medical Staff Office records show that the provider listed above is a medical staff member of our hospital with clinical privileges in good standing as follows:

Department/Division: Obstetrics/Gynecology

Staff Status: Active

Effective Dates: 02/21/2002 to Current

Prior appointment date if any: Prior appt. 9/1/84-9/1/87 & 2/22/88 - 1/29/01

If you have any questions, please call the Medical Staff Office at 503 494-8014.

A handwritten signature in black ink, appearing to read "Julie Neilson", written over a horizontal line.

Julie Neilson
Medical Staff Office

OHSU Privilege Listing
Buckmaster, John G., MD

zObstetrics/Gynecology Core

Levels of Approval
Medical Board:

Yes

12/16/2004

	Requested	Granted	Monitored
CORE PRIVILEGES IN OBSTETRICS			
Admission, work up, consultation, diagnosis and treatment of female patients presenting in any condition of pregnancy. Privileges include cesarean sections, amniocentesis, obstetrical ultrasound, tubal ligations, diagnostic laparoscopy and hysteroscopy, simple hysterectomy, and all other procedures related to normal and complicated delivery. Core privileges also include managing medical conditions, which are common in pregnancy including but not limited to infections of the urinary tract, gestational diabetes, preeclampsia, etc.	Y	Y	N
CORE PRIVILEGES IN GYNECOLOGY			
Admission, work-up consultation, diagnosis and pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries and disorders of the female pelvis. Core privileges also include nonsurgical treatment of illnesses and injuries of the mammary glands including fine needle aspiration biopsy of the breast, preventative health and the routine diagnosis and treatment of office gynecologic problems, plus termination of pregnancy of less than 14 weeks gestation, diagnostic laparoscopy, diagnostic hysteroscopy. Core privileges do not include use of the laser, surgical treatment for conditions or diseases of the mammary glands, or use of the laparoscope. These will be Special Procedures.	Y	Y	N
SPECIAL PROCEDURES			
Laparoscopic adhesiolysis			
Operative hysteroscopy, including endometrial ablation			
Hysterectomy with lymphadenectomy			
Extensive pelvic surgery for malignancy			
Plastic construction of vagina with skin graft for congenital absence			
Laser surgery, including intraperitoneal laser, external laser of the cervix, vagina, or vulva			
Epidurals			
Moderate sedation			
Deep sedation			
Cystoscopy			
Operative laparoscopy			
Simple laparoscopy to include but not be limited to cystectomy, biopsy, or adhesion lysis or ectopic pregnancy management	Y	Y	N
Complex laparoscopy including removal of the ovary, uterus, or retro pelvic suspension.			
Termination of pregnancy > 14 weeks	Y	Y	N
Assisted reproductive technologies			
Fluoroscopy (documentation of training required, if not available, contact medical staff office at OHSU)			

Chorionic Villi Sampling



MD

TO: Hospital Administration

Providence St. Vincent's Hospital

HOSPITAL NAME

9205 SW Barnes Rd

ADDRESS

Portland OR 97225

503-216-2189

RE: Verification and Evaluation of Privileges

RECEIVED

MAR 21 2007

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am therefore authorizing the release of and would appreciate you providing the appropriate information **directly** to the address show below at your earliest convenience. **All questions must be answered.**

John G. Buckmaster

APPLICANT (PRINT OR TYPE)

1/29/55

BIRTHDATE

SIGNATURE OF APPLICANT

1. John G. Buckmaster now has/has had admitting or specialty privileges at this hospital
from 10/12/03 to Present
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? ☐ Yes ☒ No

If yes, please explain _____

3. Has the applicant ever been asked to resign? ☐ Yes ☒ No If yes, please explain _____

4. Is there any information in your files which would indicate the applicant's inability to safely practice medicine?
☐ Yes ☒ No If yes, please explain _____

5. We would appreciate any information you feel would assist in the evaluation process. Thank you.

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Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature

Title

Hospital

Address

Date

Telephone

Shama Hughes

Medical Staff Coordinator

MEDICAL STAFF SERVICES

PROVIDENCE ST. VINCENT MEDICAL CENTER

9205 S.W. BARNES RD.

PORTLAND, OR 97225

503 216 5755



Legacy Health System
Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
2801 N. Gantenbein Avenue
Portland, Oregon 97227
503-413-2200

April 17, 2007

Credentialing Dept
Medical Quality Assurance Commission
P.O. Box 47866,
Olympia, WA 98504-7866

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APR 23 2007
DEPARTMENT OF HEALTH
HEALTH PROFESSIONS

RE:	Practitioner Name:	John G. Buckmaster, MD
	Facility:	Legacy Portland Hospitals
	Expertise:	Obstetrics/Gynecology
	Current Status:	Courtesy
	Date On Staff:	10/15/1984 -

This letter is in response to your request for verification of medical staff appointment and/or clinical privileges for the above named practitioner and in accordance with the release of information signed by the above practitioner which you presented.

This letter will confirm the named practitioner's past or present affiliation with the above noted Legacy Hospital. Based on review of standard database information, we are not aware of any problems affecting the practitioner's ability to practice.

All practitioners at Legacy Hospitals are continuously evaluated on the basis of criteria-based medical staff monitoring activities and for compliance with the Bylaws, Policies and Procedures of the hospital and of the Medical Staff. The above listed practitioner continues to meet (or if resigned, met during his/her affiliation with Legacy) the requirements for medical staff membership and/or privileges. No disciplinary actions have been taken regarding this practitioner by the above named Legacy Hospital.

NOTE: Legacy Portland Hospitals is a combined Medical Staff of Legacy Emanuel and Legacy Good Samaritan Hospitals.

If you have any questions or if I can be of any further assistance, please contact the Medical Staff Office by phone (503)413-1875 or via fax (503)413-4132.

A handwritten signature in cursive script that reads "Mary Klock".

Mary Klock
Administrative Assistant

The Federation of State Medical Boards
of the United States, Inc.

PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

HPQA
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OCT 25 2006
Counter

BOARD ACTION SEARCH RECONCILIATION REPORT

October 20, 2006

Washington Md. Quality Assur Commission
Attn: Blake Maresh, MPA
310 Israel Road SE
PO Box 47865
Tumwater, WA 98501

Re: Board Action Query Dated: October 20, 2006

Your Reference Number:

FSMB Batch Number: BQ1293678

PRACTITIONERS CLEARED WITH NO ACTION AS OF APPLICABLE SEARCH DATE

Name	DOB	School	Yr/Grad	Request ID
Bostaph, Andrew Scott	08/05/1974	021030	2000	17250796
Byers, Le Roy Vernon	12/20/1945	005060	1978	17250801
Faraci, Andrew Jerome	08/13/1974	099690	2001	17250832
Wyatt, Solange M	06/08/1968	050020	1997	17250804

Please refer to prior clearance reports to determine the search date for each practitioner.

PRACTITIONERS WITH BOARD ACTION IDENTIFIED

Name	DOB	School	Yr/Grad	Request ID
Buckmaster, John G	01/29/1955	038010	1980	17250797

The individual Board Action Reports are enclosed for each practitioner listed.

**The Federation of State Medical Boards
of the United States, Inc.**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

HPLA
RECEIVED
OCT 25 2006
Counter

October 20, 2006

Attn: Blake Maresh, MPA
Washington Md. Quality Assur Commission
310 Israel Road SE
PO Box 47865
Tumwater, WA 98501

Re: John Gilbert Buckmaster, MD

In response to your recent inquiry concerning the above referenced physician, the following summary of the reported information is provided.

Physician Identification:

Name: **John Gilbert Buckmaster, MD**
DOB: **01/29/1955**
Medical School: **Oregon Hlth Sci U Sch Med
Portland, Oregon USA**
Year of Grad: **1980**

SUMMARY OF REPORTED ACTIONS

Reporting State/Agency: OREGON
Date Of Order: 12/09/1994

Action(s): SUMMARY/EMERGENCY/IMMEDIATE/TEMPORARY SUSPENSION OF MEDICAL LICENSE
Basis for Action(s): Not Applicable

Reporting State/Agency: OREGON
Date Of Order: 02/07/1995
Form of Order: Stipulation

Action(s): MEDICAL LICENSE RESTORED/REINSTATED WITH CONDITIONS
Additional Detail: Emergency Suspension Order of December 9, 1994, vacated. License restored
pending further investigation by the Board.

CHAPERONE REQUIRED WHEN TREATING/EXAMINING FEMALE PATIENTS

Basis for Action(s): Not Applicable

Reporting State/Agency: IDAHO
Date Of Order: 02/27/1995
Effective Date: 03/27/1995

Action(s): SUSPENSION OF MEDICAL LICENSE

Additional Detail: Order for reciprocal discipline: Terms and conditions of Oregon Emergency
Suspension Order adopted and incorporated by reference; License suspended.

Basis for Action(s): Due to Action Taken by Another Board/Agency

Reporting State/Agency: OREGON

Date Of Order: 08/08/1995

Action(s): MEDICAL LICENSE RESTORED OR REINSTATED

Additional Detail: February 7, 1995, Interim Order dismissed; License fully reinstated.

Basis for Action(s): Not Applicable

Reporting State/Agency: IDAHO

Date Of Order: 12/15/1995

Action(s): SUSPENSION TERMINATED

Additional Detail: Suspension Order of February 27, 1995 terminated.

Basis for Action(s): Not Applicable

LICENSE HISTORY

<u>State Board</u>	<u>License Number</u>
IDAHO	M-5892
OREGON	MD12764
TEXAS	TX Appl

PLEASE NOTE: For more information regarding the above information, please contact the reporting state board or reporting agency. The information contained in this report was supplied voluntarily by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy of such information and assumes no responsibility for any errors or omissions contained therein.



MD

TO THE APPLICANT

Complete the identifying information below and submit to:

**Federation of State Medical Boards
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, TX 76039-3855**

**Department of Health
Medical Quality Assurance Commission
1300 SE Quince Street
P.O. Box 47866
Olympia, WA 98504-7866**

Date: 12/27/05

I am applying for licensure to practice medicine in the state of Washington. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) and send this information directly to the Washington State Medical Quality Assurance Commission. Thank you for your assistance.

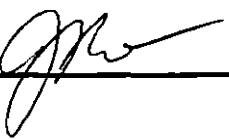
NAME: John G. Buckmaster

SSN: 1 - DOH Licensee Social Security Number ...

MEDICAL SCHOOL: Oregon Health & Science University

YEAR OF GRADUATION: 1980

BIRTHDATE: 1-29-55

SIGNATURE: 

RESPONSE:



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NOV 06 2006
HPS 5

AMA Physician Profile

**

Name and Mailing Address:

JOHN GILBERT BUCKMASTER MD
STE 307
2525 NW LOVEJOY ST
PORTLAND OR 97210-2864

Primary Office Address:

OHSU L466
3181 SW SAM JACKSON PRK RD
PORTLAND OR 97239-3098

Phone: 1-503-229-7603

Birthdate: 01/29/1955

Birthplace: BOSEMAN, MT UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: MATERNAL AND FETAL MEDICINE

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

_____ **All Information from this Point Forward is Provided by the Primary Source** _____

Current and/or Historical Medical School:

OR HLTH SCI UNIV SCH OF MED. PORTLAND OR 97201

Degree Awarded: Yes

Degree Year: 1980

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 or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however*, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** 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.

AMA makes no representations or warranties, either expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: OR HLTH SCI UNIV HOSP
Specialty : OBSTETRICS & GYNECOLOGY

State: OREGON
07/1980 - 06/1981
(VERIFIED)

Institution: OR HLTH SCI UNIV HOSP
Specialty : OBSTETRICS & GYNECOLOGY

State: OREGON
07/1981 - 06/1984
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1981

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
IDAHO	MD*	11/09/1991	06/30/2007	ACTIVE	UNLIMITED	07/18/2006
* Please contact the state board. More information may be available.						
IDAHO	MD*	11/09/1991	06/30/2005	INACTIVE	UNLIMITED	07/22/2004
* Please contact the state board. More information may be available.						
OREGON	MD*	07/11/1981	12/31/2007	ACTIVE	UNLIMITED	07/24/2006
* Please contact the state board. More information may be available.						

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

AMA Physician Profile (continued)

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AMA Physician Profile

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF MEDICAL GENETICS

Certificate: CLINICAL GENETICS

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	09/01/1990		INITIAL	10/11/2006

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2005	12/31/2006	RE-CERT	10/11/2006
TIME LIMITED	12/31/2004	04/30/2006	RE-CERT(**)	10/11/2006
TIME LIMITED	12/31/2003	04/30/2005	RE-CERT(**)	10/11/2006
TIME LIMITED	12/31/2002	04/30/2004	RE-CERT(**)	10/11/2006
TIME LIMITED	12/31/2001	04/30/2003	RE-CERT(**)	10/11/2006
TIME LIMITED	12/01/2000	04/01/2002	RE-CERT(**)	10/11/2006

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

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AMA Physician Profile (continued)

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AMA Physician Profile

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Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/01/1989	12/01/1999	INITIAL(**)	10/11/2006

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

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Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

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 or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however*, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** 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.

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AMA Physician Profile

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60610
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

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 or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** 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.

AMA makes no representations or warranties, either expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

Elliott, Betty (DOH)

To: buckmasj@ohsu.edu
Subject: January 2007 update on application for John Buckmaster, MD

Still missing is: National Boards Scores, all PG training verifications ID license verification and all Hospital verifications

*Betty Elliott, Program Representative
WA State Department of Health
310 Israel Rd SE, Tumwater WA 98501
POB 7866, Olympia WA 98504
Email: betty.elliott@doh.wa.gov
Work Phone: 360 236-4785
Fax Number: 360 236-4768
Web Address: www.doh.wa.gov/medical*

"The Department of Health works to protect and improve the health of the people of Washington State"



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

November 16, 2006

John Buckmaster MD
3181 SW Sam Jackson Pk Rd
L 458
Portland OR 97007

Dear Dr Buckmaster

This is to acknowledge receipt of your application for licensure as a physician and surgeon in the state of Washington.

Your application and fee of \$325.00 was received on November 15 2006

MISSING ITEMS

Application fees increased from \$325.00 to \$335.00, an additional \$10.00 is required for the application

National Board Scores

Post Graduate Training Verifications

Hospital Verifications

State License Verification ID

.A deficiency letter, if that is what you have chosen, will be sent about every four to six weeks until the application is considered complete. Please understand deficiency letters are our way of notifying you what is lacking in your file. If you have chosen to use email as your way of checking on your application, that may be done at any time.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at betty.elliott@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely

Betty Elliott, Licensing Representative



Redaction Summary (6 redactions)

2 Privilege / Exemption reasons used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (5 instances)

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

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- Page 3, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 11, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 12, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 34, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 43, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 62, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance