

MEDICAL BOARD WORKSHEET

NAME Elizabeth Pirruccello Newhall

DATE OF RECEIPT 5-2-80

1. LICENSURE BY

d.o.b. 7-10-53

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) Medical School Diploma ☒
TRANSCRIPTS ☒

b) Postgraduate Medical Training ☒ to complete 6/80

c) Chronology ☒

d) Personal Qualifications ☒

5. FOREIGN GRADUATE

a) ECFMG ☐

b) Medical School Subjects ☐

6. LETTERS OF RECOMMENDATION ☒

7. AFFIDAVIT ☒

8. STATE CLEARANCE MId. ☐ none

9. AMA CLEARANCE MId. 5-6-80 ☐

ADMINISTRATIVE RECOMMENDATION 9

BOARD ACTION

APPROVED
DISAPPROVED

LICENSE ☒

EXAM

DATE

PENDING

REVIEWED BY

*7/3/80
Carlson per phone*

APPLICATION FOR

18355
(Check one)
7-3-80

LICENSE TO PRACTICE

☐ MEDICINE
☐ OSTEOPATHIC MEDICINE AND SURGERY

MAY 2 1980

FEES

Medicine with Exam \$125.00
 Medicine w/o Exam. \$ 75.00
 Osteopathic Medicine & Surgery \$ 75.00

DEPARTMENT OF LICENSING
 DIVISION OF PROFESSIONAL LICENSING
 PROFESSIONAL LICENSING
 OLYMPIA, WA 98504

MONEY CTL.

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 \$50.00

Application for licensure is made by: (Check one)

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

NE-WH-AE-P472MS 0 00-00-00
 NEWHALL, ELIZABETH PIRRUCCELLO

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

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME NEWHALL Elizabeth PIRRUCCELLO

ADDRESS 1 - DOH Licensee Health Professional Home Address and/or Phone - RC...

CITY 1 - DOH Licensee Health Pro... STATE 1 - DOH Li... ZIP 1 - DOH Lic... COUNTY 1 - DOH Licensee Health ...

TELEPHONE NO. 1 - DOH Licensee Health Professional Home Ad... SOCIAL SECURITY NUMBER 2 - DOH Licensee Social Security Number - R...

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 7 10 53

BIRTHPLACE TOPEKA KANSAS Shawnee

MEDICAL SPECIALTY internal med

Medical/Osteopathic School Univ. of California, DAVIS Year Graduated 1979

OFFICE USE ONLY

EXAM DATE _____
 VOTER DIST. _____
 GRAD YR/SCH _____

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 (8½ 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

- 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.
- Applicants for licensure by FLEX WAIVER must furnish examination results direct from FLEX office, 2626- B West Freeway, Fort Worth, Texas 76102.
- 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.
- Applicants for licensure by STATE RECIPROCITY must have Page 4 of the application completed.

3. MEDICINE ONLY

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

4. OSTEOPATHIC MEDICINE AND SURGERY ONLY

- Copy of diploma issued by a legally chartered school of osteopathic medicine and surgery.
- 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.
- Two (2) letters of recommendation attached to this application.
- See accompanying EXCERPTS for more detailed information.

IDENTIFICATION

HEIGHT 5' 9"	WEIGHT 135 #
COLOR OF EYES blue	COLOR OF HAIR red



PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on a separate (8½×11 inch) sheet and attached to this application.

- | | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a violation of any state or federal Controlled Substances Act, or any drug or narcotic law? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever had a license to practice revoked or suspended? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been addicted to or treated for addiction to any controlled substance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever received psychiatric treatment or received treatment for a mental illness? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have you ever been denied the right to take an examination for licensing in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you presently suffering from any disability or illness which could affect your ability to safely practice medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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	
WASHINGTON	Medicine	JUNE 1979-80	252-14	"R" limited license	✓	✓	YES
		File # 0000917 REF # PI.RR-VE-7472ms				medical school graduation; enrollment as intern; National boards	
		(N.B. issued under name of PI.RR.Vello-Newhall)					

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.

(excuse - not in chronological order)

[illegible]

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, Elizabeth Pirruccello Newhall, being first duly sworn, depose and say that I am the 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.

Elizabeth Pirruccello Newhall
applicant's signature

[SEAL]

Subscribed and sworn to before me this 18
day of April, 1980

Notary Public for the state of Washington

Residing at Spokane
NEWHALL, ELIZABETH MD00018355 PAGE 5



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504

July 14, 1980

Elizabeth P. Newhall, M.D.

1 - DOH Licensee Health Professional Home A...

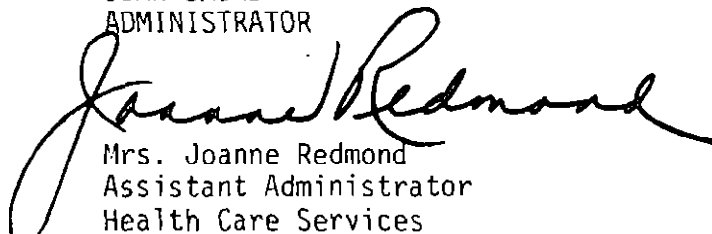
Dear Dr. Newhall

We are pleased to advise that you have been issued Washington State Physician and Surgeon certification No. 0018355 dated July 3, 1980. Enclosed you will find your wallet size license which bears your certificate number and certificate date. Your medical certificate will be forwarded to you as soon as it is engraved. This necessitates some delay and you will not receive the certificate for several months.

This office will send, as a courtesy, notification of your license renewal thirty (30) days prior to expiration date to the address on file. It is important that you keep our office advised, in writing, of any changes in your address so that you will receive your certificate and annual renewal notices.

Sincerely

JOAN BAIRD
ADMINISTRATOR


Mrs. Joanne Redmond
Assistant Administrator
Health Care Services
(206) 753-2205

MED 657-10
(R/3/80)

June 30, 1980

Dear Mrs. Redmund,

Pursuant to my conversation with your associate this morning, I am writing to request that my license to practice medicine be granted prior to the July 11 Board meeting.

My reasons are thus: I am needed to work at the Moses Lake Emergency Room prior to July 11, and certainly prior to the two weeks allotted for receipt of licensure following the July 11 meeting. At this time there is no regular physician to staff this emergency room. I hope to begin work July 5; You may call Dr. James Baird in Spokane [(509) 489-2372] to verify my employment.

Furthermore, this past year I have been sole means of support of my husband and daughter on an intern's salary, necessitating multiple loans for my husband to complete medical school. He is now an intern, but does not receive his first paycheck for another two weeks. In short, our financial situation demands my income at the earliest possible time. Awaiting receipt of my license through the regular channels delays my gainful employment a full month following completion of the requirements. (My internship ended June 21, 1980)

To my knowledge, my application is now complete. I was told this morning the certificate of

RECEIVED

JUN 30 1980

DIVISION OF
PROFESSIONAL LICENSING

NEWHALL, ELIZABETH MD00018355 PAGE 7

my internship has not been received, though it was mailed nearly one week ago, Therefore I am sending a second copy at this time. (enclosed).

Please let me know if there is anything further required to obtain my license more speedily. Would it be possible to phone me collect at the end of this week to let me know the status of my application? My home phone is

1 - DOH Licensee Health Professional Home Ad...

Thank you for your efforts; I realize this is a bother, and ask only as the situation is becoming urgent.

Sincerely,

Elizabeth Newhall
Elizabeth Pirrucciello Newhall MD

Elizabeth Pirruccello Newhall, MD

1 - DOH Licensee Health Professional Home Address and/or Phone - RCW ...



Ms. Joan Redmond
Assistant Administrator
Dept. of Licensing
Devision of Professional Licensing
P.O. Box 9649
Olympia, Washington 98504

University of California

ON THE NOMINATION OF THE FACULTY OF THE SCHOOL OF MEDICINE
HAVE CONFERRED UPON

ELIZABETH ANN PIRRUCCELLO

THE DEGREE OF DOCTOR OF MEDICINE
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING
GIVEN AT DAVIS THIS FIFTEENTH DAY OF JUNE IN THE YEAR
NINETEEN HUNDRED AND SEVENTY-NINE

Edmund G. Brown
GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS



David S. Saxon
PRESIDENT OF THE UNIVERSITY

J. H. Meyer
CHANCELLOR AT DAVIS

G. Trupper
DEAN OF THE SCHOOL

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA		
ELIZABETH PIRRUCCELLO NEWHALL, M.D.		
having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.		
Attest: WILLIAM B. HOLDEN Chairman of the Board	SEAL	EDITHE J. LEVIT President of the Board
Philadelphia, Pa. 07/01/80	Cert. #	219113

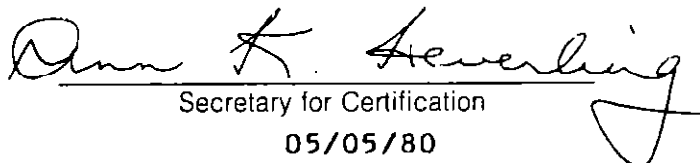
It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of **U CALIF DAVIS SCH OF MED** in **JUNE 1979**, whose birth date is **07/10/1953**, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
PART I passed 06/77		
Anatomy, incl. histology and embryology	405	75
Physiology	405	75
Biochemistry	520	82
Pathology	390	75
Microbiology, incl. immunology	455	78
Pharmacology and Materia Medica	465	78
Behavioral Sciences	495	80
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	435	77
Part II passed 04/79		
Internal medicine and the medical specialties	445	79
Surgery and the surgical specialties	515	83
Obstetrics and Gynecology	550	85
Public Health and Preventive Medicine	500	82
Pediatrics	445	79
Psychiatry	450	80
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**	475	81
PART III passed 03/80		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75)	AVERAGE	490 81.7
GENERAL AVERAGE (Parts I, II, and III)		79.9 (Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.


Secretary for Certification
05/05/80

SEAL

Date

THE REGENTS OF THE
University of California

ON THE NOMINATION OF THE FACULTY OF THE SCHOOL OF MEDICINE
HAVE CONFERRED UPON

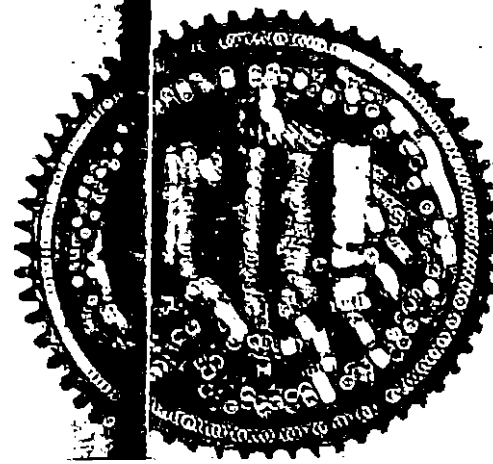
ELIZABETH ANN PIRRUCCELLO

THE DEGREE OF DOCTOR OF MEDICINE
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING

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J. H. Meyer
CHANCELLOR OF THE UNIVERSITY

W. J. ...
NEWHALL, ELIZABETH MD00018355 PAGE 1

This is to certify that this is a true copy of the original document.

Elizabeth Currello Newhall

Subscribed and sworn before me this 18th day of April 1980

May P. Stare

Notary public, in and for the
State of Washington, residing in
Spokane.

FILE NUMBER 7128	HOSTER NUMBER 69511-048 G	NAME OF STUDENT PIRROCCELLO, ELIZABETH ANN	COLLEGE *MEDICINE	MAJOR PROGRAM MEDICINE
RESIDENT RESIDENCE STATUS SEPT 1975	SAN FRANCISCO, CA	TOPEKA, KANSAS	DATE OF BIRTH 07-10-53	
DATE ADMITTED GRADUATE STUDENT RECORD CARD	STUDENT STATUS -	2 - DOH Licensee Social Security ... CFC 1		

UNIVERSITY
OF
CALIFORNIA
DAVIS

07-10-79

- PREVIOUS DEGREES -

510 CBS UNIV OF CALIF DAVIS 06-75

- MASTERS DEGREE -

- DOCTORS DEGREE -

DEGREE CONFERRED JUNE 15, 1979
DOCTOR OF MEDICINE

- CREDENTIALS/OTHER AWARDS -

600	TWO CARDS								
FALL QUARTER 1975									
711	MCL & CELL BIO	MED SCI	410	6.0	S	HSU			
712	ORGAN SYST BIOL	MED SCI	411A	6.0	S	HSU			
713	INTRO PATIENT EVAL	MED SCI	412A	2.0	S	HSU			
714	HUM DEVEL	MED SCI	413A	2.0	S	HSU			
				16.0*					
WINTER QUARTER 1976									
715	THE SCIENTIST & SOC BIOCHEM		225	2.0	S	HSU			
716	CENT MED BIOCHEM	BIOCHEM	414	1.0	S	HSU			
717	ORGAN SYST BIO	MED SCI	411B	12.0	S	HSU			
718	INTRO PATIENT EVAL	MED SCI	412B	2.0	S	HSU			
719	HUM DEVEL	MED SCI	413B	2.0	S	HSU			
				19.0*					
SPRING QUARTER 1976									
721	GROUP STUDY	FAM PRA	498	6.0	H	HSU			
722	ORGAN SYS BIO	MED SCI	411C	12.0	S	HSU			
723	INTRO PATIENT EVAL	MED SCI	412C	2.0	S	HSU			
724	FOUND COMM HEALTH	MED SCI	414	2.0	S	HSU			
725	AUTOPSY CASE STUDY	PATH	408	2.0	S	HSU			
726	DIRECTED GP STUDY	PSYCHY	498	1.0	S	HSU			
				25.0*					
SUMMER QUARTER 1976									

727	ELEC PRECEPTORSHIP	FAM PRA	S401	2.0	S	HSU			
728	METABOLIC REGUL SYS	MED SCI	S420A	5.0	S	HSU			
729	PATIENT EVAL	MED SCI	S421A	3.0	S	HSU			
730	PRINC PHARM	MED SCI	S423	4.0	S	HSU			
731	PATHOBIOLOG	MED SCI	S422	6.0	S	HSU			
				20.0*					
FALL QUARTER 1976									
732	ELEC PRECEPTORSHIP	FAM PRA	401	2.0	S	HSU			
733	HEMATOPOIETIC SYST	MED SCI	420B	6.0	S	HSU			
734	MUSCULOSKELETAL SYS	MED SCI	420C	4.0	S	HSU			
735	CARDIOVASCULAR SYST	MED SCI	420D	6.0	S	HSU			
736	PATIENT EVAL	MED SCI	421B	3.0	S	HSU			
737	SPECIAL TOPICS	NEUROL	466	3.0	S	HSU			
				24.0*					
WINTER QUARTER 1977									
737A	ELEC PRECEPTORSHIP	FAM PRA	401	2.0	H	HSU			
739	ADV GROUP STUDY	HUM ANA	498	2.0	S	HSU			
740	RESPIRATORY SYST	MED SCI	420E	6.0	S	HSU			
741	NEUROSCIENCES	MED SCI	420F	7.0	S	HSU			
742	INTEGUMENTARY SYST	MED SCI	420G	3.0	S	HSU			
743	PATIENT EVAL	MED SCI	421C	3.0	S	HSU			
744	GROUP STUDY	RAD DIA	458	2.0	S	HSU			
				25.0*					
SPRING QUARTER 1977									

LINE	DEPARTMENT	DESCRIPTION	DEPARTMENT	COURSE NO	CREDITS	GRADE	DEPARTMENT	COURSE NO	CREDITS	GRADE	LINE	DEPARTMENT	DESCRIPTION	DEPARTMENT	COURSE NO	CREDITS	GRADE
745	GROUP STUDY	FAM PRA	498	3.0	S		HSU										
746	URINARY SYSTEM	MED SCI	420H	6.0	S		HSU	950	06-07-77 ALLOWED TO RETROACTIVELY ADD								
747	GASTROINTESTINAL	MED SCI	420I	6.0	S		HSU	951	FAM PRA 401 WINTER QTR 1977 V PET								
748	REPRODUCTIVE SYST	MED SCI	420J	4.0	S		HSU	952	SU CARDIO 460 I GRD CHG V PET 04-05-79								
749	PATIENT EVAL	MED SCI	421D	3.0	S		HSU	953	#406-23-79 CARDIO 460 WINTER QTR 1979								
750	INDIV GP STUDY	MED MIC	498	2.0	S		HSU	954	UNITS CHG FR 6.0 TO 8.0 V PET								
				24.0*													
	SUMMER QUARTER 1977																
751	MED CLERKSHIP	MED SCI	5431	10.0	S		HSU										
				18.0*													
	FALL QUARTER 1977																
752	INFECTIOUS DISEASES	INF-DIS	460	9.0	S		HSU		QUARTER CREDITS COMPLETED	224.0							
753	PSYCHY CLERKSHIP	MED SCI	423	9.0	H		HSU		*****								
				18.0*													
	WINTER QUARTER 1978																
754	SURG APPROACH PHYS	HUM PHY	221	2.0	S		HSU										
755	SURGERY CLERKSHIP	MED SCI	430	18.0	S		HSU										
				20.0*													
	SPRING QUARTER 1978																
756	PATERNAL CLERKSHIP	MED SCI	432A	9.0	H		HSU										
757	CHILD HLTH CLKSHP	MED SCI	432B	9.0	H		HSU										
				18.0*													
	SUMMER QUARTER 1978																
758	EMERG MED ACT INTRN	EMR MED	5465	9.0	H		HSU										
				9.0*													
	WINTER QUARTER 1979																
759	CARDIOL CLIN CLERK	CARDIO	460	8.0	H		HSU										
760	FAM PRAC CLERK	FAM PRA	489	9.0	H		HSU										
761	RESEARCH	OB&GYN	499	6.0	H		HSU										
				23.0*													
	SPRING QUARTER 1979																
762	FAM PRAC CLERK	FAM PRA	469	9.0	H		HSU										
763	RESEARCH	FAM PRA	499	2.0	S		HSU										
764	SPECIAL STUDY	INT MED	498	4.0	S		HSU										
				15.0*													
	END OF RECORD																

RECEIVED

NOTICE CONCERNING TRANSCRIPT OF RECORD

MAY 6 1980

At the request of

DIVISION OF
PROFESSIONAL LICENSING

Elizabeth Ann Pirruccello (Newhall)

1 - DOH Licensee Health Professional Home Address and/or P...

we are forwarding to the address given below a transcript of this student's record in the University of California at Davis.

REMARKS:

Graduate Transcript only

Davis, California

Date April 30, 19 80

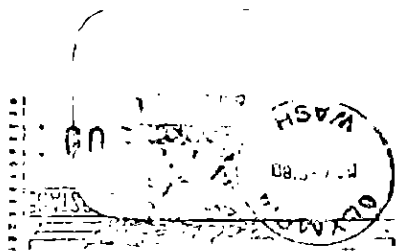
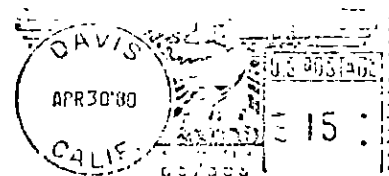
Per JMM Deputy

To:

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

UNIVERSITY OF CALIFORNIA
OFFICE OF THE REGISTRAR
DAVIS, CALIFORNIA 95616

0065



INTERNAL MEDICINE SPOKANE

certifies that


Elizabeth A. Newhall, M.D.

has successfully fulfilled the requirements of a 1 year


Residency in Internal Medicine

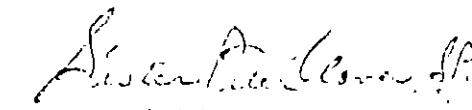
from 23 June 1979 to 22 June 1980

in witness thereof the undersigned affix their signatures


Director
Internal Medicine Spokane
Spokane, Washington


Chairman
Department Internal Medicine
University of Washington


Administrator
Deaconess Hospital
Spokane, Washington


Administrator
Sacred Heart Medical Center
Spokane, Washington

I swear that this is a true and exact copy.

x

Elizabeth P. Newhall MD

Elizabeth P. Newhall MD

signed and sworn before me this 25 day of June, 1980

Ron F. Dumas
Notary for the State of Washington
Residing in Spokane

INTERNAL MEDICINE SPOKANE

certifies that

Elizabeth A. Newhall, M.D.

has successfully fulfilled the requirements of a 1 year

Residency in Internal Medicine

from 23 June 1979 to 22 June 1980

in witness thereof the undersigned affix their signatures

Patrick O. Jennison
Director
Internal Medicine Spokane
Spokane, Washington

W. Klebanoff
Chairman
Department Internal Medicine
University of Washington

David M. ...
Administrator
Deaconess Hospital
Spokane, Washington

Robert ...
Administrator
Sacred Heart Medical Center
Spokane, Washington

I swear that this is a true and exact copy.

Elizabeth Pirruccello Newhall MD
Elizabeth Pirruccello Newhall, MD

Signed and sworn before me this 25 day of June, 1980.

Don E. Thoms
Notary for the State of Washington
Residing in Spokane

PROFESSIONAL LICENSING

JUN 30 1980

RECEIVED

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Elizabeth Pirruccello Newhall
for one years, from 1979 to 80
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 interfere with her professional activities and is
worthy of holding a license to practice Internal Medicine in the
State of Washington.

PLEASE PRINT OR TYPE

Name Patrick O. Tennican, M.D.

Title Director, Internal Medicine/Spokane

Capacity in which applicant known First year resident (Intern)

Address W 101-8th, TAF C-9, Spokane, WA 99220

Licensed under laws of Washington

To practice Internal Medicine

Remarks Elizabeth Pirruccello Newhall has exhibited fine qualities which have enabled her to function as an Internal Medicine Intern admirably. She has a solid fund of medical knowledge coupled with an eagerness to learn, in addition to a delightful sense of humor. Her ability to solve medical problems and at the same time establish a good rapport with patients and health support staff alike, is to be commended. She has shown herself to be of the highest moral character, to be a fine physician and to be a delightful person. I highly recommend Elizabeth P. Newhall for licensure to practice Internal Medicine in the State of Washington.

Patrick O. Tennican MD

Signature

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Elizabeth Pirruccello Newhall
for 1 years, from July 1, 1979 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 interfere with her professional activities and is
worthy of holding a license to practice medicine in the
State of Washington.

PLEASE PRINT OR TYPE

Name James M. Nania
Title Emergency Physician
Capacity in which applicant known Intern on
Rotation in ER
Address S. 309 Liberty Lake Dr.
Licensed under laws of Washington, Illinois
To practice medicine
Remarks Exceptionally talented and
personable. An excellent physician
in every regard.

James M. Nania M.D.
Signature

SHEET NO.	CLERK NO.

CREDIT FOR OVER PAYMENT

REMITTANCE TOTAL

GROSS WEIGHT SHORT

EXCISE TAX SHORT

Cash
7/3/80
has been approved
on Monday. They were calling
#18358 for the #1
lie. Name

Daird

Re: Dr Newhall

4:55

wants you to call him
in about 90 min.

509-448-2379

Tried to discourage,
but he said you
would call & not leave
them in the lurch over
the week-end. Don't ~~leave~~

NEWHALL, ELIZABETH MD00018355 PAGE 26

IDENTIFICATION

HEIGHT 5' 9 1/2"	WEIGHT 140
COLOR OF EYES BLUE	COLOR OF HAIR RED



PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on a separate sheet and attached to this application.

	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been convicted of a felony or misdemeanor other than traffic violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever been convicted of a violation of the Controlled Substance Act, or any narcotic law?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever had a license to practice revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been addicted to or treated for addiction to narcotic drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever received psychiatric treatment or received treatment for a mental illness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PREVIOUS LICENSURE

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	
none							

PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience including college, university, military, technical or professional school and practice pertaining to the profession for which you are making application. Include all periods of time from the date of graduation from medical 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
Sept 1971	JUNE 1975	Univ. of California, DAVIS DAVIS, CALIF	B.S. Biochemistry
Sept 1975	JUNE 1979	Univ. of California, DAVIS School of Medicine DAVIS, California	M.D.

AFFIDAVIT

I, ELIZABETH PIRRUCCIELLO NEWHALL, being first duly sworn, depose and say that I am the person
print or type full name of applicant

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 misrepresentation.

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.

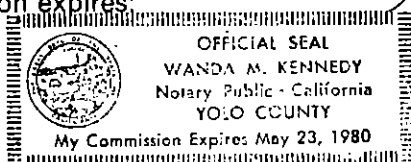
I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, 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. Subscribed and sworn to before me

this 10 day of April 19 79 Signature of applicant Elizabeth Pirruccello Newhall

[Seal]

Notary Public for Wanda M. Kennedy

My commission expires:



MEDICAL BOARD WORKSHEET
"LIMITED LICENSE"

NAME PIRRUCCELLO-NEWHALL, Elizabeth DATE OF RECEIPT 5-4-79

1. APPLICATION IN CONJUNCTION WITH:

- a) Institutions: ☐ _____
Name _____
State license _____
- b) County-City Health Dept.: ☐ _____
Name _____
State license _____
- c) Residency: ☒ _____
Hospital Sacred Heart

2. Fee: ☒ 5-4-79

3. PROOF OF EDUCATIONAL EXPERIENCE:

- a) Medical School Diploma ☒ Red 2-2-79
- b) Verification of employment ☒ 5-4-79
- c) Certification of postgraduate training ☐ _____
- d) ECFMG ☐ _____
- e) Chronology ☒ 5-4-79

4. PERSONAL DATA: ☒ 5-4-79

5. LETTERS OF RECOMMENDATION: ☒ (2) 5-4-79

6. AFFIDAVIT: ☒ 5-4-79

7. STATE CLEARANCE: Mld. ☐ _____

8. AMA CLEARANCE: Mld. ☐ _____

ADMINISTRATIVE RECOMMENDATION: _____

BOARD ACTION

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

DATE 5/21/79

PENDING _____

REVIEWED BY [Signature]

May 8, 1980

Elizabeth P. Newhall, M.D.

1 - DOH Licensee Health Professional Home Address...

Dear Dr. Newhall:

Thank you for your medical application received in this office 5-2-80.
The next meeting of the Board will be held on July 11, 1980 at which
time your application will be reviewed, if complete. You will be advised of board
decision approximately two weeks after the board meeting.

Application appears complete () Lacks the following (XX)

FLEX Certification	XX Postgraduate Training
LMCC Certification	Medical School Diploma
State Board Certification	Medical School Subjects (MED-5)
XX National Board "Certification of Record"	Original E.C.F.M.G. Certificate
	Other _____

Copies of all documents must be certified as true.

Applications not complete prior to board meeting date indicated above, will be
placed in our inactive file.

Remarks: As of this date we have not received your National Board
"Certification of Record" showing subjects and grades.
A notarized copy of your internship certificate must be submitted
upon completion of training.

Sincerely

Nita Myers
Medical Section
Professional Licensing Division
(206) 753-2205

MED 657-14
(R/3/80)

Internal Medicine Residency Program / Spokane

AN AFFILIATE OF THE INTERNAL MEDICINE DEPARTMENT OF THE UNIVERSITY OF WASHINGTON

SACRED HEART MEDICAL CENTER

DEACONESS HOSPITAL

Patrick O. Tennican, M.D.
Residency Program Director
Clinical Associate Professor
University of Washington

Donald D. Storey, M.D.
Associate Director
Clinical Assistant Professor
University of Washington

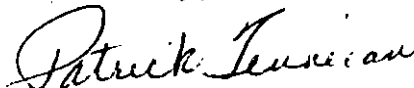
April 14, 1980

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

To whom it may concern:

Elizabeth A. Newhall will receive an Intern Certificate at the completion of this year, at which time we will forward a copy to your office.

Yours truly,



Patrick O. Tennican, M.D.
Director

POT:ja

April 20, 1980

TO whom it may concern;

TO avoid any possible confusion surrounding the subject of my legal name, please note the following. My maiden name is Elizabeth Ann PIRRUCCello. I was married in September 1977 to James Fellows Newhall but continued to use PIRRUCCello until following my graduation from Medical School in June 1979. After moving to Spokane to begin my internship I began using PIRRUCCello-Newhall (albeit briefly) which is therefore the name on my temporary license. This has proved to be impractical, and in fact I am known as Dr. Elizabeth Newhall. Therefore, I have changed my name officially to Elizabeth PIRRUCCello Newhall; PIRRUCCello being my middle name, and Newhall my last. I filed with the Social Security office of Spokane as of April 18, 1980 Newhall is the name I now use, and will use hereafter.

I hope this will explain any discrepancies you note on legal documents concerning this application.

Thank you
Elizabeth PIRRUCCello Newhall

UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

OFFICE OF STUDENT AFFAIRS
ADMISSIONS OFFICE
FINANCIAL AID OFFICE

SCHOOL OF MEDICINE
DAVIS, CALIFORNIA 95616

April 11, 1979

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

Dear Sir or Madam:

I am writing to certify that ELIZABETH PIRRUCCELLO NEWHALL is a student in good standing at the School of Medicine of the University of California at Davis and is expected to graduate with the Class of 1979 in June, 1979. I understand that Mrs. Newhall needs this certification in order to obtain a temporary license in the state of Washington. If you need any additional information, please do not hesitate to contact me.

Very truly yours,

Lois F. O'Grady, M.D.
Lois F. O'Grady, M.D.
Associate Dean

LOG:nme

graduation date June 8, 1979



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504

This is to certify that Elizabeth Pirruccello-Newhall has been
appointed as a resident* in Internal Medicine at
the Sacred Heart Deaconess Hospitals hospital for the period
beginning June 23 1979. The individual
Mo Day Yr

responsible for this resident's patient care activities will
be William A. Dittman.
Director of Program
(Signature)

William A. Dittman, M.D.

*Resident physician means an individual who has graduated from
a school of medicine which meets the requirements set forth
in RCW 18.71.055 and is serving a period of postgraduate clinical
medical training sponsored by a college or university in this
state or by a hospital accredited by this state. The term
shall include individuals designated as intern or medical fellow.

HOSPITAL SEAL

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known ELIZABETH PIRROCCIELLO NEWHALL
for 3 years, from 1976 to 1979
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 interfere with her professional
activities and is worthy of holding a license to practice Medicine in the State of Washington.

Signature Richard H Oi
Address UCD, Sacramento Medical Center 4301 X St Sacramento
Licensed under laws of California California 95817
To practice Medicine

LETTER OF RECOMMENDATION

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Elizabeth Pirruccello Newhall
for 4 years, from 1975 to 1979
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 interfere with her professional
activities and is worthy of holding a license to practice Medicine in the State of Washington.

Signature Frederick W. Zaman M.D.
Address Student Affairs / U.C.D. School of Medicine Univ. of Calif., Davis
Calif.
Licensed under laws of California & Ohio 95616
To practice Medicine



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF LICENSING

P.O. Box 9649, Olympia, Washington 98504

May 8, 1979

Elizabeth Pirruccello-Newhall
16-B Solano Park
Davis, CA 95616

Dear Ms. Pirruccello-Newhall:

This is to advise that your application for limited medical license in the state of Washington is complete for review by the Board of Medical Examiners.

However, before we can issue the license we must receive a certified and notarized copy of your medical school diploma to complete your file. Please send that document as soon as possible after your graduation. Your license will be processed and forwarded to the hospital where you will be serving your internship/residency within a few days after we have received that document.

If we can be of further assistance, you may contact this office.

Sincerely

MRS. JOANNE REDMOND
ASSISTANT ADMINISTRATOR
Health Care Services

Arlene Robertson
Limited License Section
Division of Professional Licensing
(206) 753-2205

BUSINESS & PROFESSIONS SYSTEM
INPUT SOURCE DOCUMENT

VIDEO OPERATOR EXCEPTION CODE

PROG. CODE (1) **LA**

TRANS (3) **12**

PROF. CODE (4) **25214**

PIC/CIC (5)

DOCUMENT EXPIRATION DATE(9) & TYPE (10)

MONEY CTL (6) **050479** **3634** **4000** **4000**

STATUS (11) **1** TYPE (12) **1** KEY D (13) **071053** CLASS (14) **R** ASSN (15)

FILL (16) **4000** SIGN (42) SPLIT (43) QTRD (56)

NAME (17) **PIRRUCCELLO-NEWHALL, ELIZABETH**
MAILING ADDRESSES (18-44-45)

SACRED HEART MED CTR
W 101 EIGHTH AVE
SPOKANE

STATE (47) **WA** ZIP (48) **99204** CNTY (49) **32**

ADDITIONAL ADDRESSES (19-50-51)

SACRED HEART MED CTR
W 101 EIGHTH AVE
SPOKANE

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

RELATIONSHIP POINTER DATA

REV CODE (20) PIC/CIC (21)

NAME (22) DOING BUSINESS AS (23)

SACRED HEART MED CTR

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) LAST ISSUE DATE (35)

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

Redaction Summary (16 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (13 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (3 instances)



Page 2, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 6 instances
Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 6, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 8, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 9, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 14, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 16, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 26, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
Page 26, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 30, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance