

CREDENTIALING UNIT TRANSMITTAL SHEET

FULL APPLICATION TEMPORARY PERMIT LIMITED APPLICATION

FILE COMPLETED 3/27 (DATE) SUBMITTED FOR REVIEW 3/29 (DATE)

FILE APPROVED FILE INCOMPLETE FILE RETURNED _____
(SEE WORKSHEET FOR SIGNATURE)

ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:

	ITEM RECEIVED
●	_____
●	_____
●	_____
●	_____

FILE RE-SUBMITTED FOR REVIEW _____ (LAST DOCUMENT DATE) EXCEL REPORT UPDATED

FILE APPROVED FILE INCOMPLETE FILE RETURNED _____
(SEE WORKSHEET FOR SIGNATURE)

ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:

	ITEM RECEIVED
●	_____
●	_____

FILE RE-SUBMITTED FOR REVIEW _____ (LAST DOCUMENT DATE) EXCEL REPORT UPDATED

FILE APPROVED FILE INCOMPLETE FILE RETURNED _____
(SEE WORKSHEET FOR SIGNATURE)

ADDITIONAL COMMENTS:

AAAAAA SSSSS IIIIIIIIIII
AAAAAAA SSS SSS IIIIIIIIIII
AAAAAAA SSS SSS III

MEDICAL BOARD
hab0303
INDIVIDUAL NAME
LAST PRAGER
FIRST SARAH
MIDDLE W

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM
(JR, SR, III)

V2.5.74
REFERENCE # MC00018376
SOC SEC NUM 1 - DOH Licensee Social...

02-03-06
10:30:09 AM

RESIDENCE INFORMATION
1383 12TH AVENUE
SAN FRANCISCO CA 94122

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

NOTES

+--ADDITIONAL INFORMATION--+		
SEX F =	MARRIED	=
OTHER NAME		
CORP. OFFICER		=
TRUST ACCOUNT		
BIRTH PLACE NEW YORK NY		
DATE 04-12-1971		
SCHOOL CODE 044080		
CE UNITS	0.00	REQD BY - -

CURRENT STATUS: U	EXPIRATION DATE: 02-03-2006	FIRST ISSUE DATE: 02-03-2006
RENEWAL STATUS:	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: 02-03-2006
COMPLAINTS O/C: 0/ 0	AUTHORITY:	

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD NOT

Medical Quality Assurance Commission Physician Application Worksheet

Name PRAGER, SARAH W Date of Birth 04/12/1971
 Date Received 2/1/06 Cash Number _____ Candidate Number _____

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

Chronology Complete _____ to _____
 Temp Permit Issued Number: _____
 FSMB AMA ECFMG Archive File

Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
_____	_____	1 _____		
_____	_____	2 _____		
_____	_____	3 _____		
_____	_____	4 _____		

Medical School U OF TX/ SOUTHWESTERN School Code _____
 U.S. Canadian International
 Name U OF TX/ SOUTHWESTERN Year of Degree 2000 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>2/7</u>	FLETCHER ALLEN 6/00-6/04	<input checked="" type="checkbox"/>			
<u>1/30</u>	UCSF 7/04-6/06				

Received	State Licensure	Received	Hospital Privileges
<u>2/7</u>	VT	<u>1/30</u>	SAN FRANCISCO
<u>2/10</u>	CA	<u>4/15</u>	U OF CA SF
		<u>2/7</u>	FLETCHER

Approved *Sarah Prager* Signature _____ Date 4-5-06

Comments: _____

Deficiency Letters:
 January April July October
 February May August November
 March June September December

Physician & Surgeon (Initial)

DEPOSIT SLIP

Sarah Prager
NAME (Please Print)

1/28/04
DATE

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

\$ 325⁰⁰

Check
 Money Order



11 1156 11

1F 0252090000 DDEBB



06031156

1156-1/31/2006 11:07:48 AM-0604 \$325.00



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

BACKGROUND CHECK PROCESSED

FEB 01 2006

R02
 GV
 LICENSE #
 46293

Department of Health
 Investigation Service Unit

FOR OFFICE USE ONLY

ISSUANCE DATE
 LICENSE #

46293

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

Prager Sarah W

ADDRESS

1383 12th Avenue

CITY STATE ZIP COUNTY
 San Francisco CA 94122 San Francisco

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 (Required for license under 42 USC 666 and Chapter 26.23 RCW)

(415) 206-4473 1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

GENDER BIRTHDATE (MO/DAY/YEAR) PLACE OF BIRTH (CITY/STATE)
 Female Male 4-12-1971 New York, New York

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): **RECEIVED**

HEIGHT WEIGHT
 5' 2" 130 #

EYE COLOR HAIR COLOR
 Hazel Brown

MEDICAL SCHOOL YEAR OF GRADUATION
 University of Texas, Southwestern 2000

MEDICAL SPECIALITY
 Obstetrics and 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. YES NO
- "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. YES NO
- "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? YES NO
4. Are you currently engaged in the illegal use of controlled substances? YES NO
- "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.
- Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified 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? YES NO
- b. a charge of a sex offense? YES NO
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) YES NO
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? YES NO
- b. committed any act involving moral turpitude, dishonesty or corruption? YES NO
- c. violated any state or federal law or rule regulating the practice of a health care professional? YES NO
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. YES NO
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? YES NO
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? YES NO

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? YES NO
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? YES NO
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? YES NO
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? YES NO

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)				
University of Texas, Southwestern	4	8/1996	6/2000	M.D.
Post-Graduate Training (List all Programs Attended)				
Fletcher Allen Health Care / UVM	4	6/2000	6/2004	Completed residency
Univ. of California, San Francisco	2	7/2004	6/2006	Anticipate: Masters in advanced studies, completed fellowship in Family Planning

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.)

	Dates of Experience	
	From (mo/yr)	To (mo/yr)
(See above)		

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)
San Francisco General Hospital	7/2004	7/2006
University of California, San Francisco / Mt. Zion Hospital	12/2004	7/2006
Fletcher Allen Health Care	6/2000	6/2004

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, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License		Any Limitations on License
			Examination (Date Passed)	Endorsement	Active	Inactive	
Vermont	4/2000	0600-000269				<input checked="" type="checkbox"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
California	5/2004	A87041			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes

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 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
SWP	1/6/06

9. Applicant's Attestation

I, Sarah Ward Prager, Name of Applicant, certify that I am the person described and identified in

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, 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 the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SWP
Signature of Applicant

1/6/06
Date

<p>Official Use Only</p> <p>Washington State Records Center</p> <p>HPQA RECEIVED</p> <p>FEB 01 2006</p> <p>CSC</p>

Course Number	Course Title	Grade	Credit Hours	Quality Points	Course Number	Course Title	Grade	Credit Hours	Quality Points
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Official SOUTHWESTERN MEDICAL SCHOOL ACADEMIC RECORD

Higher Education Institutions
 UNIV OF CALIFOR/SANTA BARBARA Sep 1995 May 1996
 UNIVERSITY OF WASHINGTON Sep 1994 May 1995
 HARVARD UNIVERSITY Jun 1994 Aug 1994
 PRINCETON UNIVERSITY Sep 1989 Jun 1993
 MIDDLEBURY COLLEGE Jun 1991 Aug 1991

Degrees Awarded:
 DOCTOR OF MEDICINE Jun 2, 2000
 SOUTHWESTERN MEDICAL SCHOOL

Major: MEDICINE GENERAL MD
 Cum GPA: 3.302
 INTERNSHIP: FLETCHER ALLEN HEALTH CARE/UNIV OF VERMONT BURLINGTON VT OBSTETRICS/GYNECOLOGY

Admitted Program:
 SOUTHWESTERN MEDICAL SCHOOL
 DOCTOR OF MEDICINE
 Major: MEDICINE GENERAL MD

BIC -1001	MEDICAL BIOCHEMISTRY	B	2.00	6.00
CBI -1002	BIOLOGY OF CELLS AND TISSUES	B	1.50	4.50
CBI -1004	HUMAN ANATOMY	B+	2.00	7.00
MED -1010	INTRO TO CLIN MED I	P	0.50	
PHS -1006	INTEGRATIVE HUMAN BIOL	C	3.50	7.00
PHS -1008	ENDOCRINOLOGY AND HUMAN	A	0.50	2.00
PSY -1005	HUMAN BEHAVIOR	A	0.50	2.00

	AHRS	EHRS	QHRS	QPTS	GPA
Current	10.50	10.50	10.00	28.50	2.850
Cumulative	10.50	10.50	10.00	28.50	2.850

NO FURTHER ENTRIES THIS COLUMN

MCB -2002	IMMUNOLOGY & MED. MICROB	B	2.00	6.00
MED -2001	INTRO TO CLIN MEDICINE	B+	3.50	12.25
PAT -2003	ANATOMIC & CL PATHOLOGY	B	3.00	9.00
PHR -2004	MEDICAL PHARMACOLOGY	B	2.00	6.00
PSY -2005	PSYCHOPATHOLOGY	B+	0.50	1.75

	AHRS	EHRS	QHRS	QPTS	GPA
Current	11.00	11.00	11.00	35.00	3.182
Cumulative	21.50	21.50	21.00	63.50	3.024

FAM -3012	JUNIOR FAM PRAC: JPS-F&O	A	2.00	8.00
MED -3002	INTRNL MEDICINE VA-PMH	B	6.00	18.00
NEUR-0701	SENIOR NEUROLOGY CLERKSH	P	2.00	
OBG -3004	JUNIOR OB.GYN	B+	3.00	10.50
PED -3005	JUNIOR PEDIATRICS	B+	4.00	14.00
PSY -3007	JUNIOR PSYCHIATRY	A	3.00	12.00
SUR -3003	JUNIOR SURGERY	A	4.00	16.00

	AHRS	EHRS	QHRS	QPTS	GPA
Current	24.00	24.00	22.00	78.50	3.568
Cumulative	45.50	45.50	43.00	142.00	3.302

NO FURTHER ENTRIES THIS COLUMN

RECEIVED

JAN 24 2006

DEPARTMENT OF HEALTH
 HEALTH PROFESSIONS 5

THE UNIVERSITY OF TEXAS
 SOUTHWESTERN MEDICAL CENTER
 AT DALLAS

[Signature]
 OFFICIAL SIGNATURE

Production Date
 01-19-06



THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

OFFICIAL TRANSCRIPTS — A transcript is official only when signed by the University Registrar, dated and printed with the seal of The University of Texas Southwestern Medical Center at Dallas (UT Southwestern).

CONFIDENTIALITY OF RECORDS — The transcript must not be released to a third party without the written authorization of the student (Family Educational Rights and Privacy Act of 1974, Federal Law 93-380).

ACCREDITATION — The University of Texas Southwestern Medical Center is accredited by the Commission on Colleges and Schools of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone number 404-679-4501) to award the bachelor's (B.A./B.S.), master's (M.A./M.S.), doctoral (Ph.D.), and medical professional (M.D.) degrees. The University of Texas Southwestern Medical School is fully accredited by the Liaison Committee on Medical Education of the Association of American Medical Colleges and the American Medical Association. The coordinated program in Clinical Dietetics is accredited by The American Dietetic Association Council on Education. The Medical Technology, Specialist in Blood Bank Technology, the Physician Assistant and Medical Illustration Programs are accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with, respectively, the National Accrediting Agency for Clinical Laboratory Sciences, The American Association of Blood Banks, the Accreditation Review Committee on Education for the Physician Assistant and the Association of Medical Illustrators. The Physical Therapy Program is accredited by the American Physical Therapy Association. The Prosthetics and Orthotics Program is accredited by the American Board for Certification in Orthotics and Prosthetics, Inc.

STATEMENT OF STANDING — As of the date the transcript was produced, the student is in good academic standing at UT Southwestern, and is eligible to continue or apply to return to UT Southwestern, unless otherwise noted on the transcript.

GRADE POINT AVERAGE — Grade point average is computed by multiplying the credit hours for each course attempted by the grade points earned in the particular course and then dividing the total number of grade points by the total number hour credits attempted excluding those hours for which non-computed grades are recorded (see grade point tables). All grade point averages include only courses attempted at UT Southwestern (i.e., excluding transfer work).

SOUTHWESTERN ALLIED HEALTH SCIENCES SCHOOL

ACADEMIC CALENDAR — The academic year is comprised of a Fall Semester and Spring Semester with a duration of approximately 17 weeks each, and a Summer Session with a duration of approximately 12 weeks. Typically the Fall Semester covers a period from August to December, the Spring Semester covers a period from January to May and the Summer Session covers a period from May to August.

SEMESTER CREDIT HOURS — The unit of measure for the valuation of courses is the semester hour; i.e., one lecture hour or three laboratory hours per week for a semester of approximately 17 weeks (including final examinations). Concentrated Summer courses are also measured in semester credit hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Allied Health Sciences School utilizes a 4-digit course numbering system. The first digit indicates the general level of the course: 3 - Junior; 4 - Senior; 5 - Graduate. The second digit specifies the number of semester credit hours the course carries (a "0" identifies variable credit). The third and fourth digits are used as a unique identifier within the subject area.

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER SEMESTER HOUR
A	Excellent Scholarship	4.00
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Poor Scholarship	1.00
F	Failure	0.00
H	Honors	N/A *
S	Satisfactory	N/A *
P	Passing	N/A *
I	Incomplete	N/A *
AU	Audit	N/A *
WP	Withdrawal-Passing	N/A *
WF	Withdrawal-Failing	N/A *
W	Withdrawal-No Assessment	N/A *

* Not included in the calculation of grade point average.

SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

ACADEMIC CALENDAR — The academic year is comprised of a Fall term and Spring term with a duration of approximately 17 weeks each, and a Summer Session with a duration of approximately 12 weeks. Typically the Fall term covers a period from August to December, the Spring term covers a period from January to May and the Summer Session covers a period from May to August.

SEMESTER CREDIT HOURS — The unit of measure for the valuation of courses is the semester hour; i.e., one lecture hour or three laboratory hours per week for a semester of approximately 17 weeks (including final examinations). Concentrated Summer courses are also measured in semester credit hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Graduate School utilizes a 4-digit course numbering system. The first digit indicates the general level of the course: 5 and 6 - Graduate. The second digit specifies the number of semester credit hours the course carries (a 0 identifies variable credit). The third and fourth digits are used as a unique identifier within the subject area.

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER SEMESTER HOUR
A	Excellent Scholarship	4.00
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Failure	0.00
F	Failure	0.00
S	Satisfactory	N/A *
P	Passing	N/A *
U	Unsatisfactory	N/A *
I	Incomplete	N/A *
AU	Audit	N/A *
WP	Withdrawal-Passing	N/A *
WF	Withdrawal-Failing	N/A *
W	Withdrawal-No Assessment	N/A *

* Not included in the calculation of grade point average.

SOUTHWESTERN MEDICAL SCHOOL

ACADEMIC CALENDAR — Southwestern Medical School has maintained a classical four-year curriculum based on departmental as well as interdisciplinary teaching. The four years range in length from 32 to 44 weeks. The first two years are designed to develop a strong basic science background, while the third and fourth years offer intense clinical experiences involving the student in direct patient care.

CREDIT UNITS — The unit of measure for the valuation of courses is the medical credit unit. The medical credit unit should not be confused with *traditional* semester hours. Each medical unit is calculated from the academic contact hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Medical School utilizes a 4-digit course numbering system. The third and fourth digits are used as a unique identifier within the subject area. Credit units are *not* reflected in the course number, but will be individually reported with the course.

REPEATED COURSES — A course which was previously failed and is repeated by the student may reflect two grades: the performance grade in the repeated attempt, and the calculation grade for inclusion in the calculation of grade point average. *The repeated attempt of a previously failed course will receive a calculation grade no higher than C and earned grade point credit of 1.00.*

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER CREDIT HOUR
A	Exceptional Scholarship	4.00
B+	Excellent Scholarship	3.50
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Failure	0.00
F	Failure	0.00
H	Honors	N/A *
P	Passing	N/A *
I	Incomplete	N/A *

* Not included in the calculation of grade point average

Course Number	Course Title	Grade	Credit Hours	Quality Points	Course Number	Course Title	Grade	Credit Hours	Quality Points
FAM -0406	FAM PRACTICE SELECTIVE		2.00						
IMED-0519	GEN MED SUBINTERN PMH		2.00						
IMED-0563	AMBULATORY CARE PMH		2.00						
MED -1700	ADVANCED CARDIAC LIFE SUPPORT		0.00						
MED -8888	OFF CAMPUS SELECTIVE - H		2.00						
OBG -0800	OBSTETRICS SELECTIVE - P		2.00						
OBG -0899	WOMEN'S HEALTH CARE - OFF		2.00						
SUR -1610	PEDIATRIC SURGERY		2.00						

	AHRS	EHRS	QHRS	OPTS	GPA
Current	14.00	14.00	0.00	0.00	3.000
Cumulative	59.50	59.50	43.00	142.00	3.302

Requirements completed for DOCTOR OF MEDICINE

---END OF SOUTHWESTERN MEDICAL SCHOOL ACADEMIC RECORD---

NO FURTHER ENTRIES THIS COLUMN

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS


OFFICIAL SIGNATURE

Production Date

01-19-06

DEPARTMENT OF HEALTH

Page 2 of 2



THIS OFFICIAL TRANSCRIPT IS PRINTED ON SECURITY PAPER AND DOES NOT REQUIRE A RAISED SEAL.

FEDERAL LAW PROHIBITS ACCESS TO THIS RECORD BY ANY PARTY WITHOUT PRIOR WRITTEN CONSENT OF THE STUDENT.

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

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GRADE POINT AVERAGE — Grade point average is computed by multiplying the credit hours for each course attempted by the grade points earned in the particular course and then dividing the total number of grade points by the total number hour credits attempted excluding those hours for which non-computed grades are recorded (see grade point tables). All grade point averages include only courses attempted at UT Southwestern (i.e., excluding transfer work).

SOUTHWESTERN ALLIED HEALTH SCIENCES SCHOOL

ACADEMIC CALENDAR — The academic year is comprised of a Fall Semester and Spring Semester with a duration of approximately 17 weeks each, and a Summer Session with a duration of approximately 12 weeks. Typically the Fall Semester covers a period from August to December, the Spring Semester covers a period from January to May and the Summer Session covers a period from May to August.

SEMESTER CREDIT HOURS — The unit of measure for the valuation of courses is the semester hour, i.e., one lecture hour or three laboratory hours per week for a semester of approximately 17 weeks (including final examinations). Concentrated Summer courses are also measured in semester credit hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Allied Health Sciences School utilizes a 4-digit course numbering system. The first digit indicates the general level of the course: 3 - Junior; 4 - Senior; 5 - Graduate. The second digit specifies the number of semester credit hours the course carries (a "0" identifies variable credit). The third and fourth digits are used as a unique identifier within the subject area.

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER SEMESTER HOUR
A	Excellent Scholarship	4.00
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Poor Scholarship	1.00
F	Failure	0.00
H	Honors	N/A *
S	Satisfactory	N/A *
P	Passing	N/A *
I	Incomplete	N/A *
AU	Audit	N/A *
WP	Withdrawal-Passing	N/A *
WF	Withdrawal-Failing	N/A *
W	Withdrawal-No Assessment	N/A *

* Not included in the calculation of grade point average.

SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

ACADEMIC CALENDAR — The academic year is comprised of a Fall term and Spring term with a duration of approximately 17 weeks each, and a Summer Session with a duration of approximately 12 weeks. Typically the Fall term covers a period from August to December, the Spring term covers a period from January to May and the Summer Session covers a period from May to August.

SEMESTER CREDIT HOURS — The unit of measure for the valuation of courses is the semester hour, i.e., one lecture hour or three laboratory hours per week for a semester of approximately 17 weeks (including final examinations). Concentrated Summer courses are also measured in semester credit hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Graduate School utilizes a 4-digit course numbering system. The first digit indicates the general level of the course: 5 and 6 - Graduate. The second digit specifies the number of semester credit hours the course carries (a 0 identifies variable credit). The third and fourth digits are used as a unique identifier within the subject area.

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER SEMESTER HOUR
A	Excellent Scholarship	4.00
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Failure	0.00
F	Failure	0.00
S	Satisfactory	N/A *
P	Passing	N/A *
U	Unsatisfactory	N/A *
I	Incomplete	N/A *
AU	Audit	N/A *
WP	Withdrawal-Passing	N/A *
WF	Withdrawal-Failing	N/A *
W	Withdrawal-No Assessment	N/A *

* Not included in the calculation of grade point average.

SOUTHWESTERN MEDICAL SCHOOL

ACADEMIC CALENDAR — Southwestern Medical School has maintained a classical four-year curriculum based on departmental as well as interdisciplinary teaching. The four years range in length from 32 to 44 weeks. The first two years are designed to develop a strong basic science background, while the third and fourth years offer intense clinical experiences involving the student in direct patient care.

CREDIT UNITS — The unit of measure for the valuation of courses is the medical credit unit. The medical credit unit should not be confused with *traditional* semester hours. Each medical unit is calculated from the academic contact hours.

INTERPRETATION OF COURSE NUMBER — Southwestern Medical School utilizes a 4-digit course numbering system. The third and fourth digits are used as a unique identifier within the subject area. Credit units are *not* reflected in the course number, but will be individually reported with the course.

REPEATED COURSES — A course which was previously failed and is repeated by the student may reflect two grades: the performance grade in the repeated attempt, and the calculation grade for inclusion in the calculation of grade point average. *The repeated attempt of a previously failed course will receive a calculation grade no higher than C and earned grade point credit of 1.00.*

GRADING AND GRADE POINT SYSTEM

GRADES	DESCRIPTION	GRADE POINTS PER CREDIT HOUR
A	Exceptional Scholarship	4.00
B+	Excellent Scholarship	3.50
B	Good Scholarship	3.00
C	Fair Scholarship	2.00
D	Failure	0.00
F	Failure	0.00
H	Honors	N/A *
P	Passing	N/A *
I	Incomplete	N/A *

* Not included in the calculation of grade point average.

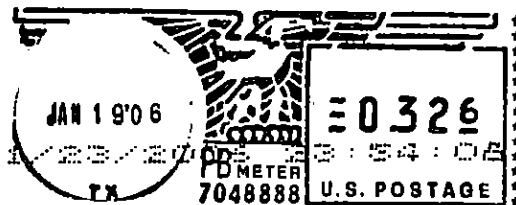
UT SOUTHWESTERN
MEDICAL CENTER

Office of the Registrar
Office of Student Financial Aid

5323 Harry Hines Blvd.
Dallas, Texas 75390-9096

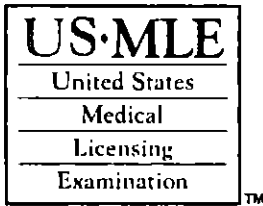
Department of Health
Medical Quality Assurance Comm.
PO Box 47866
Olympia, WA 98504-7866

PRECISION
FIRST CLASS



KIJXAMM 96B04





United States Medical Licensing Examination™ (USMLE™) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 – Telephone (817) 868-4041

Date : 01/09/2006

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Doron Maniece, Exec Director
310 Isreal Road SE
Tumwater, WA 98501

Examinee: Prager, Sarah
Alt Name(s): Prager, Sarah Ward

Examinee ID#: 5-035-182-4
Date of Birth: 04/12/1971

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998	Pass	208	179	84	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/22/1999	Pass	215	170	85	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/12/2001	Pass	211	182	86	75	VERMONT

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

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 Step 2 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 within 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.

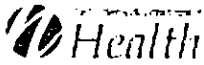
Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record to the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".



MD

TO: Post Graduate Training Program Director

FACILITY NAME Fletcher Allen Health Care / Ob/Gyn Dept
ADDRESS 111 Colchester Ave. / Smith 4
Burlington, VT 05401

RECEIVED

FEB 07 2006

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 shown below. All questions must be answered.

APPLICANT (PRINT OR TYPE) Sarah Prager

BIRTHDATE 4-12-1971

SIGNATURE OF APPLICANT SPrager

1. _____ is or was engaged in postgraduate training in our program
from 6, 2000 to 6, 2004
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

in the field of Obstetrics and Gynecology

- 2. At the time this individual was in training, was this program accredited through the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons, or the College of Family Physicians of Canada? Yes No
- 3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? Yes No
If yes, please explain _____

Return to:
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

Signature [Signature]
Title Residency Program Director
Hospital Fletcher Allen Health Care
PLEASE TYPE OR PRINT
Address 111 Colchester Ave
Burlington VT 05401
Date 2/21/2006
Telephone 802-847-4736

(SEAL)

JAN 30 2006

TO: Post Graduate Training Program Director

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

FACILITY NAME University of California, San Francisco / San Francisco General Hospital

ADDRESS 1001 Potrero Ave, Ward 6D

San Francisco, CA 94110

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 shown below. **All questions must be answered.**

APPLICANT (PRINT OR TYPE) Sarah Ward Prager

BIRTHDATE 4-12-1971

SIGNATURE OF APPLICANT SPrager

1. _____ is or was engaged in postgraduate training in our program
from 7/2004 to 7/2006 (projected end date)
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

in the field of Obstetrics and Gynecology, Family Planning

2. At the time this individual was in training, was this program accredited through the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons, or the College of Family Physicians of Canada? Yes No

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? Yes No

If yes, please explain _____

Return to:

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

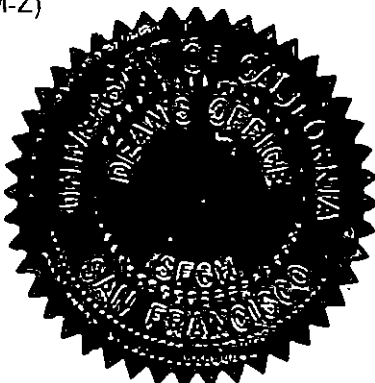
Signature [Signature]
Title Chief OB Gyn
Hospital San Francisco General Hospital
PLEASE TYPE OR PRINT

Address 1001 Potrero Ave
San Francisco CA 94110

Date 1/16/06

Telephone 415 206 8358

(SEAL)



State of Vermont
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
(802) 657-4220
www.HealthyVermonters.info

RECEIVED

FEB 07 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 31 January 2006 regarding:

Sarah Ward Prager MD
FAHC/ Dept. OB/GYN
111 Colchester Ave
Burlington, VT 05401

The Board of Medical Practice granted this License as a Physician-Limited Temp. Permit numbered 060-0002691 on 23 June 2000.

Current Status: LAPSED
Date of Expiration: 30 June 2004

Our records also indicate the following information:

Date of Birth: 05/12/1971
School/College Education: University of Texas, Southwestern
Date of Graduation: 06/02/2000
Degree earned: MD

Basis of Licensure:

Examination Information:

This licensee met all requirements at the time of licensure in accordance with the appropriate regulations of this state.

Board Action information:

No charges have been preferred against this licensee.

I hereby certify, as a staff assistant to the Board of Medical Practice, to the best of my knowledge, the information above is true and accurate.

 1/31/06

Signature of Staff Assistant Date



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 54
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944



www.caldocinfo.ca.gov

January 30, 2006

WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION
DEPARTMENT OF HEALTH
310 ISRAEL ROAD SEMS 47866
TUMWATER WA 98501

RECEIVED

FEB 10 2006


DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: SARAH WARD PRAGER
License No.: A 87041
Issued: May 5, 2004
Exam Type: A written examination
Expiration Date: April 30, 2006
Status: Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.



Joyce E. Hadnot
Chief, Licensing Program

SEAL

TO: Hospital Administration

HOSPITAL NAME San Francisco General Hospital
ADDRESS 1001 Potrero Avenue
San Francisco, CA 94110

RECEIVED

JAN 30 2006

DEPARTMENT OF HEALTH HEALTH PROFESSIONS 5

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 authorizing the release of and would appreciate you providing the information directly to the address shown below at your earliest convenience. All questions must be answered.

APPLICANT (PRINT OR TYPE) Sarah ward Prager BIRTHDATE 4-12-1971

SIGNATURE OF APPLICANT [Signature]

1. now has/had admitting or speciality privileges at this hospital from July 2004 to July 2006

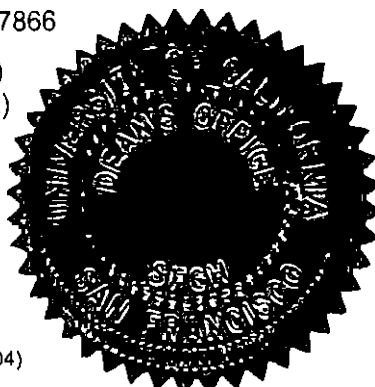
2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? [X] No

3. Has the applicant ever been asked to resign? [X] No

Return to: Medical Quality Assurance Commission PO Box 47866 Olympia, WA 98504-7866

Signature [Signature] Title DIRECTOR, MEDICAL STAFF SERVICES Hospital SAN FRANCISCO GENERAL HOSPITAL

Address 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110 Date JANUARY 20, 2006 Telephone (415) 206-2365



(SEAL)

UNIVERSITY OF CALIFORNIA
SAN FRANCISCO

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



SANTA BARBARA • SANTA CRUZ

Philip D. Darney, MD, MSC
Professor and Chief
OBSTETRICS, GYNECOLOGY
darneyp@obgyn.ucsf.edu
AND REPRODUCTIVE SCIENCES
1001 Potrero Avenue, Ward 6D
San Francisco, CA 94110

EMAIL:

TELEPHONE: 415-206-8358

FAX: 415-206-3112

March 15, 2006

Dear Washington Medical Quality Assurance Commission:

Sarah Prager, MD, is Clinical Fellow in Family Planning at my department of Obstetrics, Gynecology and Reproductive Sciences at the University of California San Francisco. I have directly observed Dr. Prager doing procedures and in direct patient care in the capacity of Department Chief from July 2004 to the present. Dr Prager maintains full OBGYN privileges at San Francisco General Hospital and University of California San Francisco. Please feel free to contact me, should you have any questions.

Sincerely,

Philip D. Darney, MD, MSc
Professor and Chief
Obstetrics, Gynecology and Reproductive Sciences
San Francisco General Hospital
Center for Reproductive Health Research and Policy
University of California, San Francisco
Phone: (415) 206-8358
Fax: (415) 206-3112

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF OBSTETRICS, GYNECOLOGY
AND REPRODUCTIVE SCIENCES
1001 Potrero Avenue, Ward 6D
San Francisco, CA 94110

TELEPHONE: 415-206-8358
FAX: 415-206-3112

FACSIMILE TRANSMITTAL

Date: 3/15/06

To: **Washington Medical Quality Assurance Commission**

Fax #: 360-236-4768

From: **Philip Darney, MD, MSc**
University of California, San Francisco
San Francisco General Hospital
Department of Obstetrics, Gynecology and
Reproductive Sciences
1001 Potrero Avenue, Ward 6D
San Francisco, CA 94110
FAX: (415) 206-3112
PHN: (415) 206-8358

COMMENTS:

Please see attached letter to verify the credentials for Sarah Prager, MD

Number of Pages
Including Cover _____

The University of Vermont

DEPARTMENT OF OBSTETRICS & GYNECOLOGY
FLETCHER ALLEN HEALTH CARE, MCHV CAMPUS
111 COLCHESTER AVENUE, SMITH 4
BURLINGTON, VERMONT 05401



March 15, 2006

Christine Murray, MD
Assistant Professor/Residency Program Director
University of Vermont/FAHC
Smith 4
111 Colchester Ave
Burlington, VT 05401
(802)847-4736 Phone
(802)847-5366 Fax

Washington State Department of Health
Health Professions Quality Assurance
P.O. Box 47865
Olympia WA 98504-7865
(360)236-4784 Phone
(360)236-4768 Fax

HPOA
RECEIVED
MAR 27 2006
Counter

Dear Sirs/Madams:

In the capacity of both assistant professor and residency program director, I observed Sarah Prager directly doing procedures and providing patient care during her residency from June, 2000 to June, 2004. She had the full extent of allowable hospital privileges during that time. Please feel free to contact me directly with any further questions regarding this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Christine Murray".

Christine Murray

An Equal Opportunity / Affirmative Action Employer



**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

BOARD ACTION CLEARANCE REPORT

February 02, 2006

Attn: Blake Maresh, Exec Dir.
Washington Quality Med Assur
310 Israel Road SE
PO Box 47860
Tumwater, WA 98501

Re: Board Action Query Dated: February 02, 2006
Your Reference Number:
FSMB Batch Number: BQ1219350

The following is a report of the search results from the Board Action Data Bank as of February 02, 2006 for practitioners subr. above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 02, 2006

Item	Name	DOB	School	Yr/Grad
3	mcdonald, patricia	04/28/1967	062010	1998
10	pierce, tristyn	03/03/1978	422010	2002
5	prager, sarah	04/12/1971	044080	2000
1	ribera, lisa	04/13/1956	099786	2005
6	schott, earl	01/14/1971	014060	1997
4	schumacher, kerry	04/13/1952	043030	1977
11	sharpe, matthew	11/18/1965	036050	1992
9	somal, jatinder	09/27/1973	306010	2000
15	tannous, beatrice	01/24/1973	016010	2001
13	westermeyer, matthew	11/23/1977	005060	2003
7	win, hla	06/02/1971	209020	1998
8	winsky, robert	04/12/1951	017010	1978
14	wolff, danielle	04/10/1974	045010	2001
12	yan, xiatian	08/20/1963	243265	1987



AMA Physician Profile

Name and Mailing Address:

SARAH WARD PRAGER MD
1383 12TH AVE
SAN FRANCISCO CA 94122-2213

Primary Office Address:

OB/GYN AND REPRODUCTIVE SC
SAN FRANCISCO GENERAL HOSP
1001 POTRERO AVE
SAN FRANCISCO CA 94110-3594
Phone: UNKNOWN

Birthdate: 04/12/1971

Birthplace: NEW YORK, NY UNITED STATES OF AMERICA

Physician's Major Professional Activity: HOSPITAL BASED RESIDENTS - ALL YEARS

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty:

**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:

U OF TX SOUTHWESTERN MED SCH AT DALLAS, DALLAS TX 75235

Degree Awarded: Yes

Degree Year: 2000



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: FLETCHER ALLEN HLTH CARE
Specialty : OBSTETRICS & GYNECOLOGY

State: VERMONT
 06/2000 - 06/2004
 (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.

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>
CALIFORNIA	MD	05/05/2004	04/30/2006	ACTIVE	UNLIMITED	11/23/2005
VERMONT	MD	06/23/2000	06/30/2004	INACTIVE	RESIDENT	01/13/2006

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.

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>
XXXXXX675	22N 33N 4 5	03/31/2007	01/09/2006

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.



AMA Physician Profile

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: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
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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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Physician's Recognition Award(s):

THIS PHYSICIAN HOLDS AMA PHYSICIAN'S RECOGNITION AWARD CERTIFICATE (AMA PRA), VALID THROUGH 07/01/2006. THE AMA PRA CERTIFICATE RECOGNIZES PHYSICIANS WHO COMPLETE AT LEAST FIFTY HOURS OF CONTINUING MEDICAL EDUCATION ANNUALLY.

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

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.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 3, 2006

Sarah W Prager MD
1383 12th Avenue
San Francisco CA 94122

Dear Dr. Prager;

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

Your application with fee of \$325.00 was received on February 1, 2006.

MISSING ITEMS.

**Post Graduate Training from 6/00 to 6/2004
State License Verifications from Vermont and California
Hospital Privileges verifications from UCSF and Fletcher**

A deficiency letter 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. An over abundance of phone calls simply slows the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

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 questions or need additional information, email me at helen.bogar@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

A handwritten signature in cursive script that reads "Helen A. Bogar".

Helen A Bogar, Licensing Representative

Redaction Summary (4 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (4 instances)



- Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 7, 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 13, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance