


DEFICIENCY LETTER LOG SHEET

ITEM	Calendar Date	Julian Date
Application Received		
Deficiency Letter 1	JUN 29 2000	
Deficiency Letter 2		
Deficiency Letter 3		
Deficiency Letter 4		
Deficiency Letter 5		
Deficiency Letter 6		
Deficiency Letter 7		
Deficiency Letter 8		
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Deficiency Letter 10		
Deficiency Letter 11		
Deficiency Letter 12		
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Deficiency Letter 17		
Deficiency Letter 18		
Deficiency Letter 19		
Deficiency Letter 20		

UNIVERSITY
OF WASHINGTON
SCHOOL OF
MEDICINE



His real address is
Ian Glass MD
UW - SOM / GME
Box 356340
Seattle WA
98195

Libby Sando

Libby Sando
System Operations Coordinator, Housestaff Affairs
Graduate Medical Education Programs
Office of the Dean
C212 Health Sciences Center, Box 356340
Seattle, WA 98195-6340 Phone: (206) 543-0065 Pager: 663-0069
Fax: (206) 685-3314 libby@u.washington.edu


**Medical Quality Assurance Commission
Physician Application Worksheet**

Pending Number _____
License Number _____

Name GLASS, IAN Date of Birth 12/30/1954

Date Received 06/02/2000 Date Completed _____ Signature _____

\$325.00 Fee Photo Personal Data AIDS Affidavit SSN Archive File

Chronology <input type="checkbox"/>	Missing: _____ _____ _____	<input type="checkbox"/> Temporary Permit Requested _____ Status	
Complete		<input type="checkbox"/> 6/19/00 FSMB	<input type="checkbox"/> 6/19/00 AMA
			<input type="checkbox"/>
		ECFMG	Reinstatement

Personal Data Questions	Documentation Received	Malpractice Cases	Original Complaint Disposition												
_____ _____ _____ _____	_____ _____ _____ _____	1 _____ 2 _____ 3 _____ 4 _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												

Medical School U OF OTAGO School Code _____ U.S. Canadian International
Year of Degree 1979 6/2/-00 Transcripts _____ Translations _____

Examination Type National Boards FLEX USML State Exam LMCC 6/5/00

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
6/12/00	MT SINAI 6/95-7/97				

<input type="checkbox"/> 6/20/00	NY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Approved *Jessie M. Pappalardo* Signature 8/24/00 Date

Comments: _____



325-

PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME

Glass, Ian

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 0083b

GLASS, IAN MD00039046 PAGE 4



001582 06/02/2000

32500

**Department of Health
Health Professions Quality Assurance Division
Medical Quality Assurance Commission
Policy/Procedure**

Title:	Fellowship - Post-Graduate Training	Number: MD94-09
Reference:	Board of Medical Examiners - MD-020	
Contact:	Beverly A. Teeter, Program Manager	
Effective Date:		
Supersedes:		
Approved:	Larry T. Brice, MD – Signature on File	
	Chair, Medical Quality Assurance Commission	

Policy: Fellowships may be used as the post-graduate training requirement for licensure if the fellowship program qualifies for the specialty boards, otherwise on an individual basis.



Washington State Department of

Health

Health Professions Quality Assurance Division

P.O. Box 1099

Olympia, WA 98507-1099

(360) 236-4785

(360) 236-4784

RECEIVED

JUN 02 2000

HPD

FOR OFFICE USE ONLY	
ISSUANCE DATE	
LICENSE #	39046

LICENSE #

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

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

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

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

I. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
	GLASS	IAN	A.
ADDRESS Queensland Clinical Genetics Service, Herston Hospital Herston Road, Brisbane			
CITY	STATE	ZIP	COUNTY
Brisbane	Queensland	Q 4029	Australia

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
(61) 7 3636 7269	1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

GENDER	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	12 / 30 / 1954	Gisborne, New Zealand

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

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

If yes, list name(s):

HEIGHT	WEIGHT	
6' 1/2"	165 lb.	
EYECOLOR	HAIR COLOR	
Brown	Brown	
MEDICAL SCHOOL	YEAR OF GRADUATION	
University of Otago	1979	
MEDICAL SPECIALTY		
Medical Genetics		

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.

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

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

a. the use or distribution of controlled substances or legend drugs? 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*** 3. EDUCATION AND EXPERIENCE** * JCHMT = Joint Committee of Higher Medical Training; Royal College of Physicians, UK.
 Provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 X 11 sheets if necessary.)
 * See Attachment # 3.

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 Otago, New Zealand	5	2/75	12/79	M.B., Ch.B.
University of Otago, Pa Med	2	2/73	2/75	
Post-Graduate Training (List all Programs Attended)				
Paediatrics - UK; JCHMT	4	6/85	7/89	MRCP(UK) + JCHMT
Clinical Genetics - UK; JCHMT	4 <small>(Cross from above)</small>	7/89	8/92	Consultant Accreditation in Paediatrics, Clinical Genetics
Post Graduate Fellowship <small>MT Simeri Dept Human Genetics</small>	2	6/95	7/97	Dip ABMG

*** 4. PROFESSIONAL EXPERIENCE** See attachment

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

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (Mo/Yr)
* See Attachment # 4		

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)
NIL in US (Canada)		

6. LICENSES IN OTHER STATES

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

10/96 (Granted 11/94)

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations on License
			Examination (Date Passed)	Endorsement		
New York, USA	10/96	204642	Flex 1993 RCW		Active	Nil
Australia (Queensland)	8/97	971437		✓	Active	Nil
New Zealand	12/79	11372	1979		Inactive	Nil
United Kingdom	5/87	2697990		✓	Inactive	Nil

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

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

8. AIDS AFFIDAVIT

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

[Handwritten Signature]

APPLICANT'S SIGNATURE

5/17/00

DATE

9. APPLICANT'S ATTESTATION

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

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Commission any information, files or records required by the Commission for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Commission may request a physical and mental evaluation to determine my fitness for practice.

[Handwritten Signature]

APPLICANT'S SIGNATURE

5/17/00

DATE

Official Use Only

Washington State Records Center

4. PROFESSIONAL EXPERIENCE

Nature of Experience or Practice	Dates: From -To Mo/Yr
House Officer in Medicine & Surgery Cook Hospital, Private Bag, Gisborne, New Zealand Satisfactory completion required for full NZ Medical Council Registration (granted 12/81) <i>Internship</i>	Dec 1979-Jan 1981 (2)
Extended travel vacation: Fiji, Canada, USA, Mexico	Jan 1981-May 1981 (3)
Locum Senior House Officer in Emergency Medicine St Bartholomews Hospital, London EC1, UK.	May 1981-July 1981 (4)
Senior House Officer in Obstetrics & Gynaecology The Royal London Hospital Mile End , Mile End Rd, London E1, UK <i>Residency</i>	July 1981- March 1982 (5)
Senior House Officer in General Paediatrics, The Royal London Hospital Mile End , Mile End Rd, London E1, UK <i>Residency</i>	March 1982-Oct 1982 (6)
Vacation, study, locums London, UK.	Oct 1982- Jan 1983 (7)
Senior House Officer in Paediatrics Training Rotation Neonatology, Oncology, Haematology, Medical Paediatrics, Paediatric Surgery, Queen Elizabeth Hospital for Children Hackney Rd, London E2, UK. <i>Residency</i>	Jan 1983- July 1984 (8)
Senior House Officer in Neonatal Paediatrics, University College Hospital, Raines Close, WC1,London, UK <i>Residency</i>	July 1984- March 1985 (9)
Community Child Health Officer, Tower Hamlets Regional Health Authority, Mile End Road, London E1, UK <i>Residency</i>	March 1985-June 1985 (10)

4. PROFESSIONAL EXPERIENCE CONTINUED

Nature of Experience or Practice	Dates: From -To Mo/Yr
<p>Registrar in Paediatrics Training Program Royal Hospital for Sick Children, Yorkhill, Glasgow, Scotland 8SJ, UK Royal College of Physicians, Joint Committee of Higher Medical Training [JCHMT] Supervised Training Position JCHMT Supervisor: Prof Forrester Cockburn, MD, Chairman, Dept of Paediatrics and Child Health, University of Glasgow</p> <p><i>JCHMT Supervised Training Position, recognised for higher medical training (Fellowship) in Paediatrics</i></p>	July 1985- June 1987 (11)
<p>Senior Registrar in Paediatrics Training Program Royal Hospital for Sick Children, Yorkhill, Glasgow, Scotland 8SJ, UK Royal College of Physicians JCHMT Supervised Training Position JCHMT Supervisor: Prof Forrester Cockburn, MD, Chairman, Dept of Paediatrics and Child Health, University of Glasgow</p> <p>Concurrent Doctoral Research in Molecular and Clinical Genetics Doctoral supervisor: Prof J Michael Connor, MD, Chairman, Dept of Medical Genetics University of Glasgow, Yorkhill Hospitals, Glasgow 8SJ, UK</p> <p><i>JCHMT Supervised Training Position, recognised for higher medical training (Fellowship) in Paediatrics, with 12 months credit applied for basic and clinical doctoral research in medical genetics for genetics higher medical training credit</i></p>	June 1987-July 1989 (12)
<p>Senior Registrar in Medical Genetics Training Program West Midlands Regional Health Authority, Genetics Unit, Birmingham Maternity Hospital, Edgbaston, Birmingham 2TG, UK JCHMT Supervisor: Prof Peter Farndon, MD, Director of West Midlands Regional Genetics Services, Genetics Unit, Birmingham Maternity Hospital, Edgbaston, Birmingham 2TG, UK</p> <p><i>JCHMT recognised higher medical training (Fellowship) in Clinical Genetics</i></p>	July 1989- Nov 1991 (13)
<p>Consultant in Clinical Genetics Locum for Dr Richard Lindenbaum Oxfordshire Regional Genetics Services, Oxfordshire Health Authority, Churchill Hospital, Headington, Oxford, UK JCHMT Supervisor: Prof Peter Farndon, MD, Director of West Midlands Regional Genetics Services, Genetics Unit, Birmingham Maternity Hospital, Edgbaston, Birmingham 2TG, UK</p> <p><i>Consultant experience (Attending), credited for JCHMT recognised higher medical training (Fellowship) in Clinical Genetics</i></p>	Nov 1991-April 1992 (14)
<p>Consultant in Clinical Genetics Locum for Dr Jack Insley West Midlands Regional Health Authority, Genetics Unit, Birmingham Maternity Hospital, Edgbaston, Birmingham 2TG, UK JCHMT Supervisor: Prof Peter Farndon, MD, Director West Midlands Regional Genetics Services</p> <p><i>Consultant experience (Attending), credited for JCHMT recognised higher medical training (Fellowship) in Clinical Genetics</i></p>	April 1992-August 1992 (15)
<p>Vacation: 53B Tilby Drive, Tauranga, New Zealand</p>	August 1992 (16)

4. PROFESSIONAL EXPERIENCE CONTINUED

Nature of Experience or Practice	Dates: From -To Mo/Yr
<p>Post Doctoral Fellow (Level 3) Dept of Pediatrics, School of Medicine, University of California San Francisco, Parnassus Ave, San Francisco, CA. 94143, USA Supervisor: Dr Larry J. Shapiro, MD, Professor and Chairman, Dept of Paediatrics, School of Medicine, UCSF.</p> <p><i>Laboratory and applied clinical research</i></p>	Sept 1992- March 1995 (11)
<p>Vacation: 53B Tilby Drive, Tauranga, New Zealand</p>	March 1995 (18)
<p>Marriage and Vacation: Phoenix, AZ and Santa Barbara, CA 3024 N Manor Drive West, Phoenix, AZ</p>	April 1995- June 1995 (19)
<p>Post Doctoral Fellow in Human Genetics Dept of Human Genetics, Mt Sinai School of Medicine, 1 Gustave L Levy Place, NY, NY 10029, USA Supervisor: Dr Robert J. Desnick, PhD, MD. Professor and Chairman, Dept of Human Genetics, Mt Sinai School of Medicine</p> <p><i>Post graduate training in medical genetics fulfilling Boards requirements</i></p>	June 1995-July 1997 (20)
<p>Vacation in Phoenix, AZ and Relocation to Australia 3024 N Manor Drive West, Phoenix, AZ</p>	July 1997-August 1997 (21)
<p>Consultant in Medical Genetics & Senior Lecturer in Paediatrics Queensland Clinical Genetics Service and Dept of Paediatrics, Royal Hospital for Sick Children, Herston Hospitals Campus and University of Queensland Medical School, Herston Hospitals Campus, Building 65, Brisbane, Queensland, Q4029 Australia</p> <p><i>Consultant physician (Attending) in Clinical Genetics</i></p>	Aug 1997-Present (22)



RECEIVED

JUN 02 2000

Health Professions Section 5

MD

REQUEST FOR MEDICAL SCHOOL TRANSCRIPTS

University of Otago, Faculty of Medicine
UNIVERSITY MEDICAL SCHOOL

ADDRESS

P.O. Box 913

Dunedin, New Zealand

I am applying for licensure to practice medicine in the state of Washington. Please send a copy of my medical school transcripts (*with the MD degree and date granted posted*) directly to the Washington State Medical Quality Assurance Commission at the address below. Thank you for your assistance.

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

APPLICANT: Please complete the identifying information below to assist the registrar's office in processing your request.

STUDENT NAME: IAN AMOS GLASS

SSN: 1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

(ou# 321-5802)

YEAR OF GRADUATION: 1979

BIRTHDATE: 12 / 30 / 1954


Clerkships : Ian Amos GLASS (321-5802)

4th YEAR 1977

Clinical Area	Type	Facility Name	From-To	Weeks of Credit	Supervisor	Program Director
1. General Surgery (b)	Required	Wakari Hospital, Dunedin, NZ	14 Feb-1 April 1977	7	Not recorded	Prof Clarke
2. General Medicine (a)	Required	Dunedin Public Hospital, NZ	4 April-13 May 1977	6	Not recorded	Prof Stewart
3. Psychological Medicine	Required	Dunedin Public Hospital, NZ	30 May-1 July 1977	5	Not recorded	Prof James
4. General Surgery (a)	Required	Dunedin Public Hospital, NZ	4 July-5 Aug 1977	5	Not recorded	Prof Clarke
5. General Medicine (a)	Required	Wakari Hospital, Dunedin, NZ	22 Aug-23 Sept 1977	5	Not recorded	Prof Stewart
6. Surgical Specialities	Required	Dunedin Public Hospital, NZ	26 Sept-30 Oct 1977	5	Not recorded	Prof Clarke

5th YEAR 1978

Clinical Area	Type	Facility Name	From-To	Weeks of Credit	Supervisor	Program Director
1. Cardiology/ Nephrology	Required	Dunedin Public Hospital, NZ	27 Feb- 31 Mar 1978	5	Restieaux Hocken	Prof Stewart
2. General Paediatrics/ Sexuality	Required	Dunedin Public Hospital, NZ	3 April-12 May 1978	6	Holdaway/Carr	Prof Mortimer
3. Obstetrics & Neonatal Paediatrics/ Anaesthetics Dermatology/ Ophthalmology	Required	Dunedin Public Hospital, NZ	29 May-30 June 1978	5	Buckfield Dobbinson	Wright
				2.5 2.5	Stringer/ Parr	Baker
4. General Medicine, Gastroenterology, Rheumatology, Oncology, Haematology	Required	Dunedin Public Hospital, NZ	3 July-4 Aug 1978	5	MacLaurin Barbezat, Palmer Shine	Prof Stewart
5. Geriatrics/Preventive & Social Medicine General Practice	Required	Wakari Hospital, Dunedin, NZ Dunedin, NZ: University Practice	21 Aug-22 Sept 1978	2	Howie/Chapman	Dixon
				3	Not recorded	
6. Accident & Emergency/Surgery Psychiatry	Required	Dunedin Public Hospital, NZ	25 Sept-27 Oct 1978	4 1	Allred Medlicott	Prof James



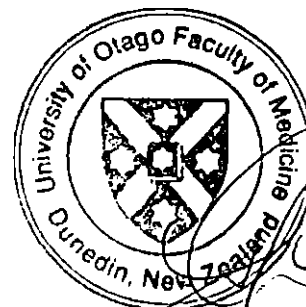
A John Campbell
Dean – Faculty of Medicine
24 May 2000

The Faculty of Medicine includes the Otago School of Medical Sciences and the Christchurch, Dunedin and Wellington Schools of Medicine

Clerkships : Ian Amos GLASS (321-5802) - Continued

6TH YEAR : November 1978 to November 1979

Clinical area	Type	Facility Name	From-To	Weeks of Credit	Supervisor	Program Director
1. General Medicine & Paediatrics	Elective	Rarotonga Infirmary, Cook Islands	Nov 1978-Feb 1979	12	Medical Supt. Rarotonga Infirmary	Auckland Medical School
2. Obstetrics & Gynaecology	Required	National Womens Hospital, Auckland, NZ	Feb-Mar 1979	6	Dr Graham	Prof Bonham
3. Paediatrics	Required	Cook Hospital, Gisborne, NZ	Mar-April 1979	6	Dr Frankish	Prof Elliott
4. Family Medicine	Required	Auckland, NZ: University affiliated practice	June-July 1979	4	Dr Smith	Family Medicine Dept
5. Psychiatry Psychological Medicine	Required	Carrington Psychiatric Hospital, Auckland, NZ	April-May 1979	4	Dr Gluckman	Prof Werry
6. Medicine	Required	Middlemore Hospital, Auckland, NZ	July-Sept 1979	8	Prof Simpson	Prof Stewart
7. Surgery	Required	Auckland Public Hospital, NZ	Sept-Nov 1979	8	Prof MacLaurin	Prof Nanson



(Signature)
A John Campbell
Dean – Faculty of Medicine
24 May 2000

The Faculty of Medicine includes the Otago School of Medical Sciences and the Christchurch, Dunedin and Wellington Schools of Medicine

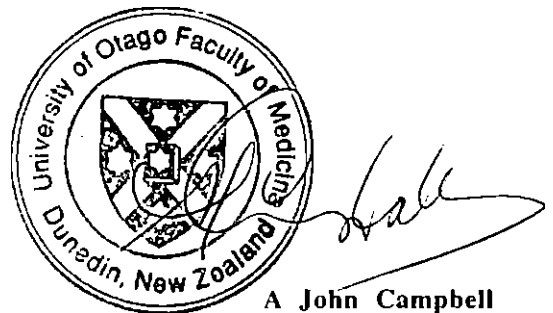
Graduate 1979

1979 Graduate - Dunedin
Dr Ian Amos GLASS

March - November 1975	Anatomy	30 wks @ 21 hrs/wk
	Biochemistry	30 wks @ 5 ¹ / ₂ hrs/wk
	Physiology	30 wks @ 5 ¹ / ₂ hrs/wk
March - November 1976	Preclinical Neurology	30 wks @ 7 hrs/wk
	Abnormal Structure & Function (includes: Clin Biochem)	30 wks @ 1 hr/wk
	Microbiology	30 wks @ 2 ¹ / ₂ hrs/wk
	Pathology	30 wks @ 3 ¹ / ₂ hrs/wk
	Pharmacology	30 wks @ 2 ¹ / ₂ hrs/wk
	Physiology)	30 wks @ 3 ¹ / ₂ hrs/wk
	Behavioural Sciences	30 wks @ 4 hrs/wk
	Elective Study	30 wks @ 3 ¹ / ₂ hrs/wk
	Clinical	30 wks @ 3 hrs/wk
March - November 1977	*Clinical Sciences Course	32 wks @ 17 hrs/wk
	Clinical	32 wks @ 17 ¹ / ₂ hrs/wk
March - November 1978	*Clinical Sciences Course	30 wks @ 17 hrs/wk
	Clinical	30 wks @ 17 ¹ / ₂ hrs/wk
November 1978 - November 1979	Medicine	8 wks @ 42 ¹ / ₂ hrs/wk
	Surgery	8 wks @ 42 ¹ / ₂ hrs/wk
	Obstetrics and Gynaecology	6 wks @ 42 ¹ / ₂ hrs/wk
	Psychological Medicine (Psychiatry)	4 wks @ 42 ¹ / ₂ hrs/wk
	Family Medicine	4 wks @ 42 ¹ / ₂ hrs/wk
	Paediatrics	6 wks @ 42 ¹ / ₂ hrs/wk
	Elective - Nov 1978 - Feb 1979	12 weeks
	General Medicine and Paediatrics, Raratonga Infirmary, Cook Islands	

*The Clinical Sciences Course is an interdisciplinary course in which the Departments of Pathology, Microbiology, Pharmacology, Medicine, Surgery, Psychological Medicine, Paediatrics, Obstetrics & Gynaecology and Preventive & Social Medicine/Community Health all take part.

I hereby certify that this is a true copy of the undergraduate course at the University of Otago.



A John Campbell
Dean - Faculty of Medicine
24 May 2000

The Faculty of Medicine includes the Otago School of Medical Sciences and the Christchurch, Dunedin and Wellington Schools of Medicine

Glass 321-5802
Ian Amos

Ent. Qual: UE (accred.) 1971 DOB 30-DEC-1954
High School Qual: A Bursary 1972 Matriculated
1973 Otago

1973	MedInt	F.T.	
	Biology Int		C
	Chemistry Int		B+
	English 1		B
	Psychology Int		B
March 1974: Admitted to Honours course in Psychology.			
1974	BA(Hons)	F.T.	
	Subsid Education		A-
	Stat Methods*		B
	Psychology BA Pt 1		A
1975	MBChB	F.T.	
	Medicine 2		
	Anatomy		B
	Physiology		C
	Biochemistry		Fail D
	Special Exam		B
1976	MBChB	F.T.	
	Medicine 3		
	Pre-Clin Neurology		B
	Ab Struct & Funct		B
	Behaviour Sciences		B
1977	MB ChB	F.T.	
	MEDC4D MBChB 4th Yr		B
1978	MB ChB	F.T.	
	MEDC501 Clinical Science		B
1979	MB ChB	F.T.	
	FINALIST - MB ChB		
	MEDC601 Medicine		B
	MEDC602 Obstet & Gynaecol		A
	MEDC603 Paediatrics		B
	MEDC604 Psychological Med		B
	MEDC605 Surgery		A

Certified correct

W J Purdie

W. J. Purdie
MANAGER, STUDENT ADMINISTRATION
Date 22-MAY-2000

KEY TO ALL GRADES AND ABBREVIATIONS

From 1993 onwards

90 - 100	A +	}	First Class Honours			
85 - 89	A					
80 - 84	A -					
75 - 79	B +	}	Second Class Honours, Division I, or Credit	}	73 - 79	
70 - 74	B					
65 - 69	B -					Second Class Honours Division II
60 - 64	C +	}	Third Class Honours			
55 - 59	C					
50 - 54	C -					
40 - 49	Fail D					
below 40	Fail E					

Aegrotat	=	Aegrotat Pass	AC	=	Audio Conference
Comp Pass	=	Compensation	DT	=	Distance Teaching
WDN	=	Withdrawn	XM	=	Extramural
Absent	=	Did Not Sit	TCO	=	Terms Carried Over

Semester information from 1994 onwards.

F	=	Full year
S1	=	Semester 1
S2	=	Semester 2

POSTAL ADDRESS

University of Otago
P.O. Box 56
Dunedin
NEW ZEALAND



TRANSCRIPT OF ACADEMIC RECORD

Glass
Ian Amos

321-5802

MB ChB completed 1979
Conferred 13-DEC-1979 (in Council)

Faculty of Medicine July 1988: Topic approved for MD thesis
- Investigation of X linked mental retardation using DNA
probes.

October 1991: Award of MD approved.

MD completed October 1991
Conferred 19-DEC-1991 (in Council)

Certified correct

W J Purdie

W. J. Purdie
MANAGER, STUDENT ADMINISTRATION
Date 22-MAY-2000

KEY TO ALL GRADES AND ABBREVIATIONS

From 1993 onwards

90 - 100	A +	}	First Class Honours		Distinction
85 - 89	A				
80 - 84	A -				
75 - 79	B +	}	Second Class Honours, Division I, or Credit	}	73 - 79
70 - 74	B				
65 - 69	B -		}		Second Class Honours Division II
60 - 64	C +	}	Third Class Honours		
55 - 59	C				
50 - 54	C -				
40 - 49	Fail D				
below 40	Fail E				

Aegrotat	=	Aegrotat Pass	AC	=	Audio Conference
Comp Pass	=	Compensation	DT	=	Distance Teaching
WDN	=	Withdrawn	XM	=	Extramural
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Semester information from 1994 onwards.

F	=	Full year
S1	=	Semester 1
S2	=	Semester 2

POSTAL ADDRESS

University of Otago
P.O. Box 56
Dunedin
NEW ZEALAND

The photograph must be signed and placed across the bottom.

Personal Data Section (page 2) - any positive responses to this section must be accompanied by an appropriate explanation and required documentation.

- C. **Malpractice information must include** the nature of the case, date and summary of care given. The applicant must complete the Professional Liability Action History form. Also included must be copies of the settlement or final disposition. If pending, indicate status. If the case is rather old, you should be able to contact the county where it was filed to get documentation.
 - D. You must indicate complete chronology from the receipt of the medical degree to the time of application. This must include month and year, and beginning and ending dates, whether part of medical practice or not. All time breaks of 30 days or more must be accounted for.
 - E. Professional Training and Experience - All applicable sections **must be** completed. If additional space is needed, you may then attach additional sheets. No C.V. or resume will be accepted in lieu of completing appropriate section of application.
 - F. AIDS affidavit must be signed. AIDS training may include self study, direct patient care, courses, or formal training.
3. **Medical School Transcripts - Official transcripts** must be sent directly from the applicant's medical school to this office listing the dates of attendance, subjects completed, degree and date awarded. International medical school transcripts not in English must also be accompanied by official translations. (Form provided.)
 4. **Post Graduate Training Verification** - Applicants must verify all accredited post graduate training received in the United States or Canada. The minimum amount of training, if medical school graduation date is *after* to July 28, 1985, is two years of post graduate training in the United States or Canada; if medical school graduation date is *before* July 28, 1985, the minimum amount of training is one year of post graduate training in the United States or Canada. Verification forms must be completed by the program director and sent directly to this office. Verifications will be considered incomplete without an evaluation, and must include the beginning and ending dates of the training. Evaluations that are less than satisfactory must be accompanied by an explanation. (Form provided)
- B. USMLE or FLEX scores must be received directly from the Federation of State Medical Boards, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855. (Form provided)
 - C. State Examinations must be certified and sent directly from the State Medical Board and include both Basic Science and medical subjects scores. State examinations from the states of Florida and Hawaii are *not accepted* by Washington State.
 - D. LMCC must be received directly from the Medical Council of Canada, Le Conseil Medical du Canada, 2283, bl. St. Laurent Blvd., Suite 300, Ottawa, Ontario K1G 5A2, phone (613) 521-6012. A valid certificate must have been obtained after 1969.
6. **State Licensure Verification** - Applicant must verify **all** medical licenses they hold, or have held, in any other state, territory or possession of the United States or Canadian providence. Verification is required whether the license is active or inactive, and includes temporary and training licenses. Applicant should contact the state licensing authority for information on any fees for verification of licensure. (Form provided)
 7. **Hospital Privilege Verification** - Applicant must verify **all** hospitals where admitting or specialty privileges have been granted in the **past five years**. Verification must be received directly from the hospital. (This does not include post graduate training hospitals.) All hospital privileges connected with military practice experiences may be verified by the current duty station or, if no longer in active service, the appropriate agency of record or the National Personnel Records Center, (Military Personnel Records), 9700 Page Boulevard, St. Louis, MO 63132. (Form provided)
Locum Tenens: All hospital privileges of a 30 day or longer duration must also be verified.
 8. **Federation of State Medical Boards Data Bank Clearance** - Verification forms must be received directly from the Federation. This is required whether the applicant has held a license in the United States or not. (Form provided)
 9. **American Medical Association (AMA) Physician Profile Report** - The physician profile must be received directly from the AMA. This is required for all applicants regardless of whether they are a member or not. (Form provided)

National Board scores are now available through their website at:
<http://www.nbme.org/new.version/cert.form.htm>
If you have difficulty accessing the form, you can contact the NBME at (215) 590-9700.

Koy C01



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



University of Otago
Medical School

P.O. Box 913 Dunedin New Zealand

98504+7866





**FEDERATION LICENSING EXAMINATION (FLEX)
Certified Transcript of Scores**

This Transcript was prepared by the Federation of State Medical Boards

RECEIVED

JUN 05 2000

Washington Medical Quality Assurance Commission
ATTN: Bonnie L. King, Exec Director
PO Box 47866
Olympia, WA 98504-7866

Health Professions Section 5

EXAMINEE: Glass, Ian Amos
USMLE ID#: 0-472-294-8
DOB: 12 / 30 / 1954
ALTERNATE NAME(S):

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

FIN: 541230507

Date of Certification: 06/02/2000

<u>Date of Exam</u>	<u>State Exam Taken For</u>	<u>State ID</u>	<u>Comp 1</u>	<u>Comp 2</u>
12 / 1993	CALIFORNIA	00159	84	87

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.



REC-117
JUN 12 1997

MD

TO: Post Graduate Training Program Director
Mt Sinai School of Medicine

Health Professions Section 5

FACILITY NAME
Dept of Human Genetics

ADDRESS
One Gustav L. Levy Place, New York 10029, NY

RE: Verification/Evaluation of Training

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

IAN A. GLASS

12/30/1954

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

1. Ian A. Glass is or was engaged in post-graduate training in our program

from June 1995 to July 1997

BEGINNING DATE (MONTH & YEAR)

ENDING DATE (MONTH & YEAR)

in the field of Medical Genetics

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

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

During his training at Mt Sinai, Dr Ian Glass's performance, competence and conduct was exemplary throughout and of the highest standard.

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

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

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

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

(Seal)

Signature
Title Prof. F. Chairman of Human Genetics
Hospital Mount Sinai Hospital & Medical Center
Address Fifth Avenue at 100th St
New York, NY 10029
Date 6/1/00
Telephone 212-659-6700

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

RECEIVED

JUN 20 2000

Health Professions Sect

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, GLASS IAN AMOS WAS ISSUED LICENSE/CERTIFICATE NUMBER 204642 FOR THE PRACTICE OF MEDICINE ON 10/08/96.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: 12/30/54
SCHOOL ATTENDED: UNIVERSITY OF OTAGO
DATE OF GRADUATION: 12/13/79
DEGREE EARNED: MBCHB

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

ACCEPT FLEX TAKEN IN CA ON 12/93
COMP 1: 84
COMP 2: 87

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 11/30/01
ADDRESS: APT 36 56 CHERMSIDE STREET
TENERIFFE Q4005 AUSTRALIA 00000-0000
DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.
COMMENTS:

I FRANK GEBOSKY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

OP026 029

Frank Gebosky
PRINCIPAL CLERK

06/14/00



MD

TO THE APPLICANT

Complete the identifying information below and submit to:

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

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

Date: 5/14/00

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

NAME: IAN A. GLASS

SSN: 1 - DOH Licensee Social Security Number - RCW 42.56.350(1)

MEDICAL SCHOOL: University of Otago

YEAR OF GRADUATION: 1970

BIRTHDATE: 12/30/1954

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN
MAY 23 2000
James R. Gillen, M.D.
JAMES R. GILLEN, M.D.
EXECUTIVE VICE-PRESIDENT

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Mailing Address:

IAN AMOS GLASS MD
3026 N MANOR DR W
PHOENIX AZ 85014

Primary Office Address:

SAME AS MAILING ADDRESS

Birthdate: 12/30/1956
Birthplace: NEW ZEALAND

Phone: UNKNOWN

RECEIVED
JUN 19 2000
Health Professions Br.

Physician's Major Professional Activity: NOT CLASSIFIED

Self Designated Practice Specialties (SDPS):

Primary Specialty: MEDICAL GENETICS
Secondary Specialty: UNSPECIFIED

AMA membership: NON-MEMBER

————— **Following Data Provided by the Primary Sources** —————

Medical School:

UNIV OF OTAGO, MED SCH, DUNEDIN, NEW ZEALAND (VERIFIED)

Year of Graduation: 1979 (VERIFIED)

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

Institution: NONE REPORTED TO DATE

State:

Specialty :

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: NONE REPORTED TO DATE

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
NEW YORK	MD	10/08/1996	01/01/1999	ACTIVE	UNLIMITED	11/30/1999

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: 04722948

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:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

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

Specialty Board Certification(s):

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

Certifying Board: AMERICAN BOARD OF MEDICAL GENETICS

Certificate: CLIN BIOCHEM GENETICS

Certificate Type: GENERAL

Effective: 01/01/1996 **Expiration:** 01/01/2006 **Last Reported:** 04/21/2000 INITIAL

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency.

Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting. Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Additional Information:

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

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the 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, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and fax to (312) 464-5827 or return to:

American Medical Association
Department of Data Services
515 N. State Street
Chicago, IL 60610

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination. -

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



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

PHILADELPHIA OFFICE

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215 386-5900 • FAX: 215 386-6327 • INTERNET: www.ecfm.org

State Board Code:

048

Please include this number on all requests.

RECEIVED

AUG 08 2000

DIRECTOR
WASHINGTON DEPARTMENT OF HEALTH, Health Professions Section 5
MEDICAL QUALITY ASSURANCE COMMISSION
1300 QUINCE ST., SE P.O. BOX 47866
OLYMPIA, WA 98504

ECFMG CERTIFICATION STATUS REPORT

ECFMG/USMLE Identification Number: 0-472-294-8

Applicant's Name: Ian Amos Glass

Applicant's Date of Birth: 12/30/1954

ECFMG Certified: Yes

Certificate Issue Date: 09/22/1992

English Test Valid-Through Date: Indefinitely

Passing Performance on Medical Science Examination for Certification:

Examination Type	Date	Component	Two-Digit Score	Three-Digit Score	Comments
FMGEMS DAY1	JAN 1992	BASIC SCIENCE	77	NA	
FMGEMS DAY2	JAN 1992	CLINICAL SCIENCE	82	NA	

Most Current Passing Performance on English Test: September 1994

Name of Medical School and Country: UNIVERSITY OF OTAGO, NEW ZEALAND

Degree Year: 1979

† Medical Education Credential Status: Complete and verified

This information is reported directly from ECFMG computer records and is current as of 1 August 2000.

† Since July 1986, ECFMG has verified medical school credentials directly with the medical schools or through a reasonable alternative which has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG certification for the purpose for which the physician provided authorization.

048:723

Form 282B - 8/99

ECFMGSM is an organization committed to promoting excellence in international medical education



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866
June 29, 2000

Ian Glass MD
U Of Washington SOM/GME
Box 356340
Seattle WA 98195

Dear Dr Glass

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

Your application was received on **June 02, 2000.**

Missing Items ECFMG

A deficiency letter will be sent every four to five weeks until the application is considered complete. Please understand Commission staff process a considerable amount of application files at any given time. Deficiency letters are our way of notifying you what is lacking in your file. An over abundance of phone calls simply slow the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

Depending on the complexity of the application file, the review process may take 3 to 5 working days for routine applications, an additional 14 working days for applications considered non-routine that must be reviewed by a Commission Member, or, if your application contains derogatory or disciplinary information, it may need to be reviewed by the Full Commission at a Commission meeting for final disposition, in which case the processing time will be longer.

If you have any questions, please feel free to contact me at (360) 236-4785.

Sincerely,

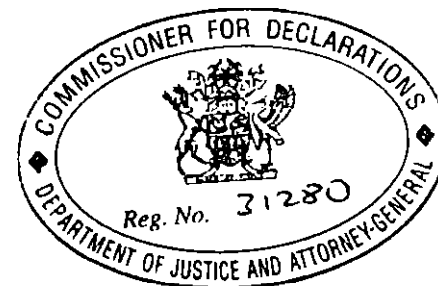
Betty Elliott
Program Representative





I CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL

This is to certify that



S-L. Robinson
S-L. Robinson

IAN AMOS GLASS

having satisfied the Examiners in MARCH 1985

has been duly elected to the Membership of the

Royal Colleges of Physicians of the United Kingdom



Donald Gordon

President

Royal College of Physicians of Edinburgh



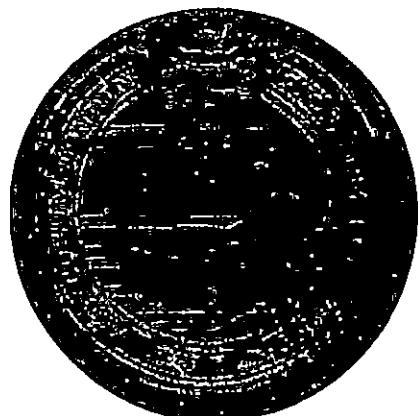
James Stewart

President

Mr C. Murray

Visitor

Royal College of Physicians and Surgeons of Glasgow



R. Hopperley

President

Royal College of Physicians of London

I. Amos Glass

Member

UNIVERSITY



OF OTAGO

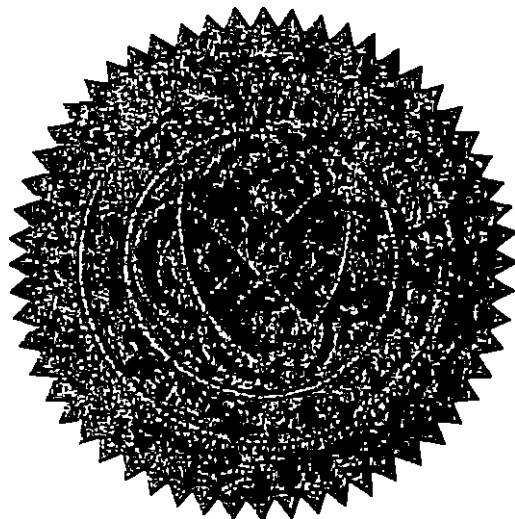
WHEREAS THE UNIVERSITY OF OTAGO HAS BEEN EMPOWERED BY ACTS OF THE
LEGISLATURE OF NEW ZEALAND TO CONFER DEGREES AND AWARD DIPLOMAS
OF THE UNIVERSITY

THIS IS TO CERTIFY THAT

IAN AMOS GLASS

HAS BEEN ADMITTED BY THE UNIVERSITY TO THE DEGREE OF

DOCTOR OF MEDICINE



[Handwritten signature]

REGISTRAR

[Handwritten signature]

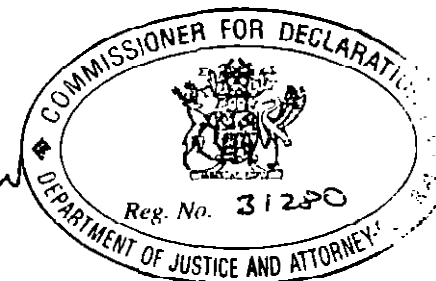
CHANCELLOR

I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL

DUNEDIN, NEW ZEALAND

19 December 1991 No. 148

[Handwritten signature]
S. L. ROBINSON



UNIVERSITY



OF OTAGO

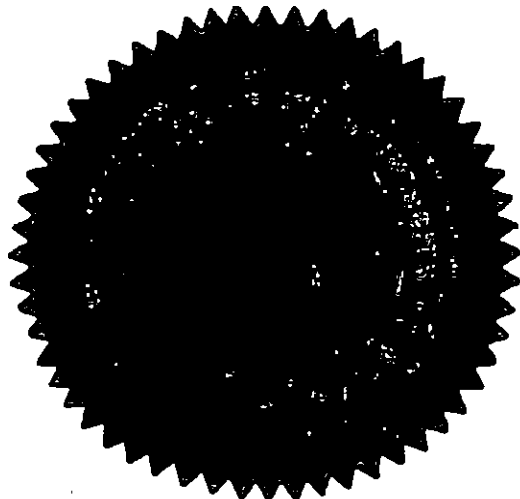
WHEREAS THE UNIVERSITY OF OTAGO HAS BEEN EMPOWERED BY AN ORDINANCE OF THE PROVINCE OF OTAGO IN 1869 AND ACTS OF THE LEGISLATURE OF NEW ZEALAND TO CONFER DEGREES AND AWARD DIPLOMAS OF THE UNIVERSITY

THIS IS TO CERTIFY THAT

IAN AMOS GLASS

HAS BEEN ADMITTED BY THE UNIVERSITY TO THE DEGREES OF

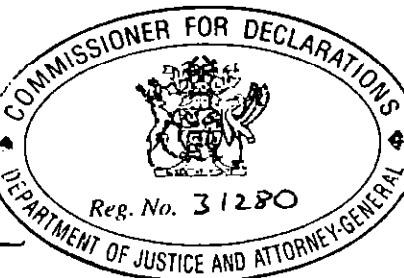
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY



I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL

S-L. ROBINSON

A handwritten signature in dark ink, appearing to be 'S-L. Robinson'.



REGISTRAR

A handwritten signature in dark ink, likely belonging to the Registrar.

A handwritten signature in dark ink, likely belonging to the Chancellor.

CHANCELLOR

DUNEDIN, NEW ZEALAND

13 December 1979 No. 2102

3. Education and Experience: Post Graduate Training

Program	Number of years	Dates to-from	Diploma/degree
The Royal London Hospital: <i>Residency in Obstetrics & Gynaecology</i>	0.75	July 1981 – March 1982	DRCOG Diploma of Royal College of Obstetrics & Gynaecology)
The Royal London Hospital: <i>Residency in Paediatrics</i>	0.5	March 1982 – Oct 1982	DCH Diploma of Child Health: Royal College of Physicians)
Queen Elizabeth Hospital for Children, London: <i>Residency in Paediatrics Neonatology, Oncology Haematology, Medical Paediatrics, Paediatric Surgery,</i>	1.5	Jan 1983 – July 1984	MRCP (Paediatrics) Membership of Royal College of Physicians 2-part examination required for entry to higher medical training
Royal Hospital for Sick Children, Glasgow: <i>JCHMT Supervised Training Positions, at Registrar and Senior Registrar levels (Fellowship), which are recognised for fulfilling higher medical training requirements in Paediatrics. Additional 12 months of credit applied for basic and clinical doctoral research in medical genetics toward fulfilling genetics higher medical training requirements</i> JCHMT Supervisor: Prof Forrester Cockburn, MD, Chairman, Dept of Paediatrics and Child Health, University of Glasgow Concurrent Doctoral Research in Molecular and Clinical Genetics Doctoral supervisor: Prof J Michael Connor, MD, Chairman, Dept of Medical Genetics University of Glasgow	4	June 1985 – July 1989	Consultant Accreditation in Paediatrics By Royal College of Physicians Joint Committee of Higher Medical Training (JCHMT) MD

Education and Experience: Post Graduate Training and Qualifications

Program	Number of years	Dates to-from	Diploma/degree
<p>West Midlands Regional Genetics Services, Genetics Unit, Birmingham Maternity Hospital, Birmingham, UK:</p> <p>JCHMT Supervisor: Prof Peter Farndon, MD, Director of West Midlands Regional Genetics Services</p> <p><i>JCHMT recognised higher medical training (Fellowship) position in Clinical Genetics, inclusive of consultant (attending) experience in Oxford and Birmingham</i></p>	3	July 1989 – August 1992	<p>Consultant Accreditation in Clinical Genetics</p> <p>By Royal College of Physicians Joint Committee of Higher Medical Training (JCHMT)</p>
<p>Division of Genetics, Dept of Pediatrics, School of Medicine, University of California San Francisco, Parnassus Ave, San Francisco:</p> <p>Supervisor: Dr Larry J. Shapiro, MD, Professor and Chairman, Dept of Paediatrics, School of Medicine, UCSF.</p> <p><i>Post Doctoral Fellow in molecular genetics and applied clinical research</i></p>	2.5	Sept 1992- Mar 1995	NIL
<p>Dept of Human Genetics, Mt Sinai School of Medicine, NY:</p> <p>Supervisor: Dr Robert J. Desnick, PhD, MD, Professor and Chairman, Dept of Human Genetics, Mt Sinai School of Medicine</p> <p><i>Fellowship in Human Genetics; Post graduate training in medical genetics fulfilling Boards requirements</i></p>	2	June 1995 – July 1997	<p>Diplomate American Board Medical Genetics</p> <p>Boarded in Clinical Genetics by ABMGs</p>
<p>Queensland Clinical Genetics Service and Dept of Paediatrics, Royal Hospital for Sick Children, Herston Hospitals Campus Brisbane, Aust</p> <p><i>Consultant physician (Attending) in Clinical Genetics</i></p>	Current	May 2000	<p>FRACP</p> <p>Fellowship Royal Australasian College of Physicians, pending admission formality</p> <p>Awarded in recognition of UK and US training as well as certification as recognised medical specialist by Medical Board of Queensland and Health Insurance Commission (AUST)</p>

3. Education and Experience

PreGraduate: Schools Attended	Number of years	Dates; to-from	Diploma/degree
University of Otago, Dunedin, NZ	2	Feb 1973 – Feb 1975	NIL; Premed
University of Otago Medical School, Dunedin, NZ	5	Feb 1975 – Dec 1979	MB, ChB Batchelor of Medicine & Surgery Included 6 th year transfer (Trainee Intern) to clerkships within Auckland Medical School, but degrees awarded by University of Otago following satisfactory reports from Auckland Medical School

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

IAN AMOS GLASS

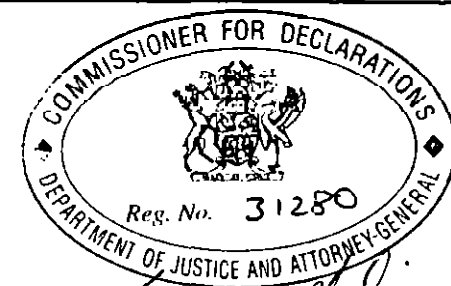
HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS
AND HAS BEEN AWARDED THIS CERTIFICATE.

I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL

CERTIFICATE NUMBER 0-472-294-8
MEDICAL EXAMINATION
BASIC SCIENCE JANUARY 21, 1992
CLINICAL SCIENCE JANUARY 22, 1992
ENGLISH EXAMINATION JANUARY 22, 1992
VALID THROUGH JANUARY, 1994



CERTIFICATE NUMBER
0-472-294-8
ENGLISH EXAMINATION
September 1, 1994
VALID INDEFINITELY

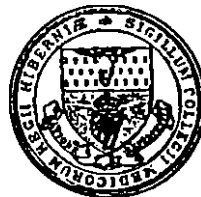


W. H. Schwan
CHAIRMAN, BOARD OF TRUSTEES
Richard L. Glass
PRESIDENT, CHIEF EXECUTIVE OFFICER

S-L. Robinson

DATE ISSUED

SEP 22 1992



JOINT COMMITTEE ON HIGHER MEDICAL TRAINING

The Joint Committee on Higher Medical Training hereby certifies that

Jan Amos Glass

has satisfactorily completed an approved programme of Higher Medical

Training in *Paediatrics*

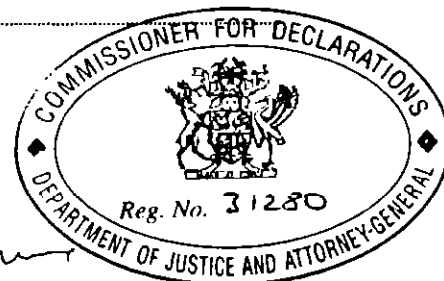
and Clinical Genetics

S-L. ROBINSON

I CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL

Diploma Date *November 1992*

Robertson



Chairman of the Joint Committee on Higher Medical Training

American Board of Medical Genetics

Ian A. Glass, MB ChB, M.D.

having fulfilled the requirements and having successfully passed the examination of this board
is hereby certified as a

Diplomate of the American Board of Medical Genetics

as a

Clinical Geneticist

1980

I CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL



Edward R. B. Webb

President

Janna A. Boughman

Vice President

Dan O'Leary

Secretary

Hugene Payne

Treasurer

Miriam G. Glitzer

Alto Eyles

John O'Leary

Cynthia J. Curry

Heinz H. Koggin

Cynthia L. Morton

for E. Sturman

96058

September 27, 1996

Issued

December 31, 2006

Expires



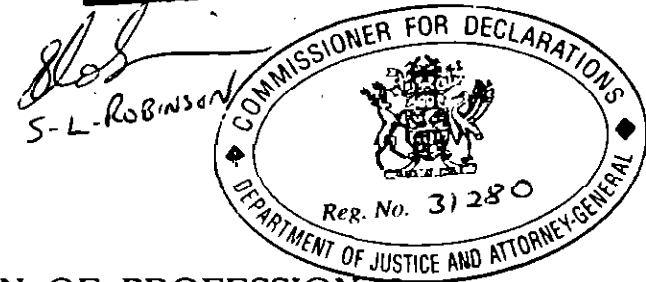
THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

IAN AMOS GLASS

I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL



HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS EIGHTH DAY OF OCTOBER, 1996.

LICENSE NUMBER
204642



A handwritten signature in cursive, "Arthur P. Mills".

PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION

A handwritten signature in cursive, likely of the Executive Secretary.

EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

CUT OFF THIS STRIP

READ INSTRUCTIONS

ON REVERSE SIDE

The University of the State of New York

THIS IS TO CERTIFY THAT QUALIFICATIONS FOR PROFESSIONAL PRACTICE IN NEW YORK STATE HAVING BEEN APPROVED

THE STATE EDUCATION DEPARTMENT

HAS REGISTERED 3851200

GLASS IAN AMOS
APT 36
56 CHERMSIDE STREET
TENERIFFE Q4005
AUSTRALIA

00000-0000

FOR PRACTICE IN NEW YORK STATE AS A (N)

PHYSICIAN

11/30/01

REGISTRATION PERIOD ENDS

204642-1

LICENSE/CERTIFICATE NO.

[Signature]
SIGNATURE OF REGISTRANT

COMMISSIONER OF EDUCATION

REGISTRATION CERTIFICATE --- NOT A LICENSE

867086

READ INSTRUCTIONS

ON REVERSE SIDE

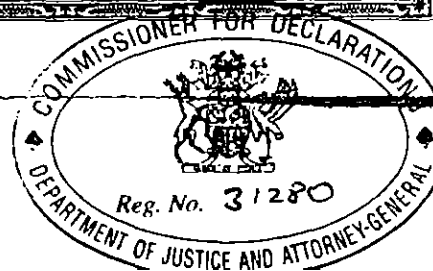
8-088783

CUT OFF THIS STRIP

CUT OFF THIS STRIP

[Signature]
S. L. ROBINSON

I CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL





The Royal Australasian College of Physicians

A.C.N 000 039 047

145 Macquarie Street Sydney NSW 2000

Telephone: (02) 9256 5444 Facsimile: (02) 9252 3310

26 April, 2000

Dr Ian Amos Glass
Queensland Genetics Services
c/- Royal Children's Hospital
Bramston Terrace
HERSTON QLD 4029

Dear Dr Glass


I write in response to your application for Admission to Fellowship under Article 37, By Law 24, Pathway 2, undertaken by the Board of Censors, Division of Paediatrics. The decision of the Board is as follows:

"that Dr Ian Amos Glass' training and experience is equivalent to that of an Australasian trained paediatrician;

that Dr Ian Amos Glass be admitted to Fellowship of the College under Article 37, By Law 24 (Pathway 2)."

The decision of the Board of Censors, Division of Paediatrics will be conveyed to the President who will admit you to Fellowship in the near future. You will be informed when the process is completed. If you have any queries regarding this matter, please contact me on (02) 9256 5422 or e-mail peggy.sanders@racp.edu.au.

Yours sincerely


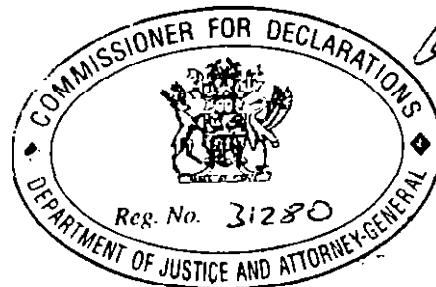

for

Peggy Sanders
Department Head
Training and Assessment

PT:EAG

[V/admit/ellen/letters/glass.doc](#)

**I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL**


S-L ROBINSON

The Medical Board of Queensland
Certificate of Registration

This is to certify that the name of

Ian Amos Glass

was entered in the Register of Medical Specialists

in the State of Queensland, pursuant to the provisions of the

Medical Act 1939

and that the following details pertaining to the said registrant are contained in the Register:

Registration Category: **Medical Specialist**
Registration Number: **971437**
Date of Registration: **16 February 1998**
Qualifications: **MB CHB OTAGO 1979
MRCP (UK)**
Specialties: **Paediatrics**

**I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL**



[Handwritten signature]

Dated 31 March 1998

[Handwritten signature] REGISTRAR

*This certificate does not constitute evidence of current registration nor does it indicate all conditions on registration, if any.
The Board issues an Annual Practising Certificate as evidence of current registration*

HEALTH PROFESSIONAL REGISTRATION BOARDS

The Medical Board of Queensland
Medical Act 1939

ANNUAL PRACTISING CERTIFICATE

for period from 1 October 1999 to 30 September 2000

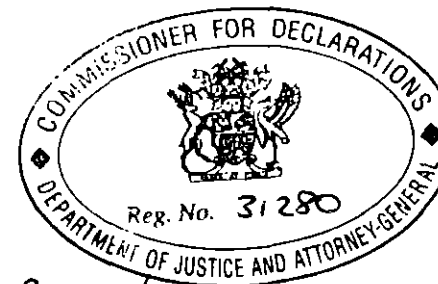
FOR

971437 Dr Glass, Ian Amos

Whose name appears on the Medical Specialists Register as a Medical Specialist
General Registration

SPECIALTIES: Paediatrics

**I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL**



S-L. ROBINSON
S-L. ROBINSON



Royal College of Obstetricians and Gynaecologists

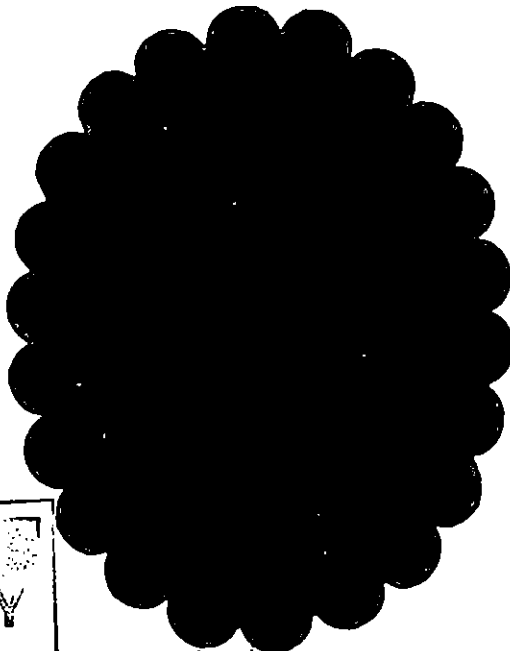
We hereby certify that **Ian Amos GLASS**

a Registered Medical Practitioner
having satisfied us of special training in Obstetrics and Gynaecology
appropriate to general practice and having been examined therein
has been granted the Diploma of the Royal College of
Obstetricians and Gynaecologists
(D.R.C.O.G)

Paula Simons President

Roger W. Baldwin { Chairman of the
Examination
Committee

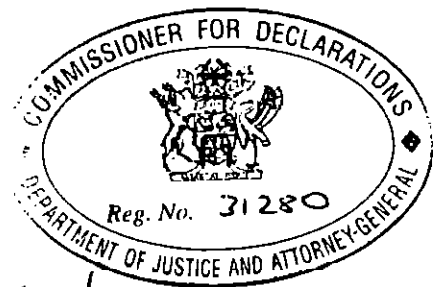
Dated this **first** day of **May** 1982



I CERTIFY THAT THIS
IS AN EXACT COPY
OF THE ORIGINAL

S-L. Robinson

S-L. ROBINSON



TO: Post Graduate Training Program Director

WEST MIDLANDS REGIONAL GENETICS CENTRE

FACILITY NAME

BIRMINGHAM WOMEN'S HOSPITAL

ADDRESS

EDGBASTON BIRMINGHAM B15 2TG, UK

RECEIVED

JUL 05 2000

Health Professions Section 5

RE: Verification/Evaluation of Training

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

IAN A. GLASS

12/30/1954

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

[Handwritten Signature]

1. DR IAN A GLASS is or was engaged in post-graduate training in our program

from July 1989 to August 1992

BEGINNING DATE (MONTH & YEAR)

ENDING DATE (MONTH & YEAR)

in the field of CLINICAL GENETICS

2. At the time this individual completed training, was this program accredited through the Accreditation Council for Graduate Medical Education? Yes No Accredited programme of Joint Committee on Higher Medical Training - National Standards Training Programme of UK.

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

Dr Glass undertook our structured training programme in all aspects of medical genetics

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

No

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

No

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

Return to:

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

(Seal)

Signature

P.A. Fardon

Title

PROFESSOR, CHAIR REGIONAL GENETICS TRAINING COMMITTEE

Hospital

BIRMINGHAM WOMEN'S HOSPITAL

Address

EDGBASTON

BIRMINGHAM B15 2TG, UK

Date

28 May 2000

Telephone

+44 121 607 4728



RECEIVED MD

JUN 05 2000

Health Professions Section 5

TO: State Medical Licensing

Queensland Medical Board (Aust)

STATE BOARD NAME

ADDRESS

19th Floor, Forestry House
160 Mary Street, Brisbane Q4005, Australia.

RE: Verification of License/Registration as a Physician

I am applying for a license to practice medicine as a physician and surgeon in the state of Washington and before my application can be reviewed, a verification of my licensure status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

Ian Amos GLASS

30th December 1954

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

This is to verify that

Ian Amos GLASS

was issued license

number

971437

on

30/9/97

- Date license, registration, or certification issued 26 August 1997 Date of expiration 30 September 2000
- Have any complaints been lodged against the license? Yes No
- Is there currently any investigation in process regarding the license? Yes No
- Has any disciplinary activity taken place regarding this license? Yes No

If yes, please provide any information and documentation which may be released; i.e., charges and final disposition.

Return to: Department of Health
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature Robyn Schot
 Print Name Robyn Schot
 Title Asst Deputy Registrar
 State Queensland
 Address 160 Mary Street, Brisbane
PLEASE TYPE OR PRINT
 Date 29.5.00
 Telephone +61 7 32252500

RECEIVED

JUN 07 2000

Health Professions Section 5

CERTIFICATE

Date of Certificate: 26 May 2000

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

I HEREBY CERTIFY that Ian Amos GLASS, MB ChB 1979 Otago, registration number 2697990, was fully registered on 1 May 1981, and continued to be so registered until 30 April 1997.

I FURTHER CERTIFY that during this period no proceedings under the Medical Act were undertaken or contemplated in relation to Dr Glass's conduct or fitness to practise.



**David Hall
Assistant Registrar**

30 May 2000

Ref: CG5A/JJ/ 2697990

Department of Health
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

**TO WHOM IT MAY CONCERN
Re: Dr Glass
Registration Number: 2697990**

I have to advise you that it is not the GMC's policy to complete applications for Licensure overseas, therefore please find the form enclosed to you together with a Certificate of Good Standing.

I can, however confirm that the above named medical practitioner is in good standing with the GMC in the United Kingdom

Yours sincerely



**Janille James (Miss)
Registration Directorate
Direct Line 020 7 915 3531
Direct Fax 020 7 915 3558**

TO: State Medical Licensing
Medical Council of New Zealand

STATE BOARD NAME

ADDRESS

RECEIVED

JUN 20 2000

Washington State Board of Professional Examiners

RE: Verification of License/Registration as a Physician

I am applying for a license to practice medicine as a physician and surgeon in the state of Washington and before my application can be reviewed, a verification of my licensure status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

Ian Amos GLASS

30th December, 1954

APPLICANT (PRINT OR TYPE)

BIRTHDATE

SIGNATURE OF APPLICANT

[Handwritten Signature]

Ian Amos GLASS.

This is to verify that _____ was issued license

11372

number _____ on 19 December 1979

General Registration 19.12.1980

1. Date license, registration, or certification issued _____ Date of expiration 12.8.1999*
2. Have any complaints been lodged against the license? Yes No
3. Is there currently any investigation in process regarding the license? Yes No
4. Has any disciplinary activity taken place regarding this license? Yes No

If yes, please provide any information and documentation which may be released; i.e., charges and final disposition.

Return to: Department of Health
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature *[Signature]*
 Print Name Justine Fleming
 Title Registration Administrator
 State New Zealand
PLEASE TYPE OR PRINT
 Address P.O. Box 11-649, Wellington,
New Zealand
 Date 6 June 2000
 Telephone 64-4-384 7635

* Removed under section 45C(1)(c) - NOT practising in New Zealand

Redaction Summary (3 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (3 instances)



Page 7, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 14, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 27, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance