

Credential View Screen [update]



<p>KARA L CADWALLADER Address: <input type="radio"/> Public <input checked="" type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 2px;"> <p>[change mail address] KARA L CADWALLADER 3319 37TH AVE SOUTH SEATTLE, WA 98144</p> </div>	<p>ID 461038 Warnings SSN/FEIN 2 - DOH Licens... Contact Standing Living Contact Type INDIVIDUAL Birth Date 07/10/1967 Public File YES Mailing List US Citizen Legacy Licensure Name CADWALLADER, KARA L</p>	<p>Contact Audit Enforcement Cont. Edu Documents Owned By/ Exams Experience Notes Schools Librarian Other State Online Info:</p>
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Comments:

Physician And Surgeon License [update] [form letter]

<p>Credential # MD.MD.00035453 Legacy License # MD00035453 Application Date Effective Date 07/10/1999 Expiration Date 07/10/1999 First Issuance Date 09/09/1997 Last Date Of Contact CE Due Date</p>	<p>Credential Status EXPIRED (07/10/1999) Status Reason CREDENTIAL NOT RENEWED Amount Due \$0.00 Date Last Activity 5/21/2012 10:04:32 AM Last Updated by System Certificate Sent Date Work Queue LEGACYDATA, DOH</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal Legacy License Statu</p>
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Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow
- Legacy

Supervised By [update] [Show All]

- Legacy Contact Information
- Legacy Credential History
- Legacy Renewal Information
- Legacy Revenue History

DATE

TELEPHONE LOG

INITIALS



1182

PHYSICIAN SURGEON (RENEWALS ONLY)

Revenue Section

Print Name Cadwallader, Kara

Return this Portion with Check and Application

1F 0252091100 00233

|| 2653 ||

\$1182.00

2653-11/21/2012 7:38:20 AM-603

Medical Quality Assurance Commission Physician Reinstatement Worksheet

Name CADWALLADER, KARA Date of Birth 7/10/1967

Date Rec'd 11/21/2012 License # 33453 Exp Date 7/10/1999 Initials _____

WSP Check Fee SSN Disc Attest AIDS Attest Arch file FBI

	11/26/12	11/26/12	11/21/12			
Chronology	FSMB	AMA	CME	Malpractice Cases	Synopsis	Disposition
				1 _____		
				2 _____		
				3 _____		

Received	Post Graduate Training Programs

Received	Hospital Privileges
12/28	ST. ALPHONSUS ✓
11/24	ST. LUKES ✓

Received	State	State	State	State
11/13	CA ✓	11/13	ID ✓	

Approved Betty Elliott Signature _____ Date 1-2-13

Comments: _____



Background Check Processed
 NOV 27 2012
 NPDB/HIPDB/WSP
 DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

Date RECEIVED
 NOV 20 2012
 DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

Revenue 0252090000

Physician and Surgeon Expired License Activation Application

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)
2 - DOH Licensee Social Security Number - RCW 42.56.350(1) Male Female

Name First Middle Last
 KARA LANE CADWALLADER

Birth date (mm/dd/yyyy) Place of birth
 07/10/1967 HIGHLAND PARK IL U.S.

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

City State Zip County
1 - DOH Licensee Health... ADA

Country U.S.

Phone (1 - DOH Li...) Fax (208) 376-9444 Cell ()
1 - DOH Licensee Health...

Email address
 kara.cadwallader@ppgnw.org

Mailing address (if different from above)

City State Zip County

Country

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No If yes, list name(s):

Will documents be received in another name? Yes No
 If yes, list name(s):

Medical Specialty

Medical school FAMILY MEDICINE, UCSF Year of graduation 1995
 Medical specialty FAMILY MEDICINE

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 attach explanation.....

"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, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

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

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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

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

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to 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. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ..

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?
6. Have you ever been found in any civil, administrative or criminal proceeding 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?
- b. Diverted controlled substances or legend drugs?
- c. Violated any drug law?
- d. Prescribed controlled substances for yourself?
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", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. 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?
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?

3. Medical Education and Experience

Provide a chronological listing of your educational preparation training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
UNIVERSITY OF CALIFORNIA SAN FRANCISCO, School of MEDICINE	M.D.	5	06/1990	06/1995

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. If you need more space, attach a piece of paper. SEE ATTACHED.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended		
	Start date mm/dd/yyyy	End date mm/dd/yyyy	
ST. ALPHONSUS REGIONAL MEDICAL CENTER	08/1/2001	CURRENT	
ST. LUKE'S REGIONAL MEDICAL CENTER	08/1/2001	CURRENT	

PROFESSIONAL EXPERIENCE

Section 4

Kara Lane Cadwallader

Tacoma Family Medicine, Tacoma, WA	07/1995 to 06/1998	Family Medicine Residency
Auburn Family Practice, Auburn, WA	08/1998 to 07/1999	Family Medicine Staff
Family Practice Association, Santa Rosa, CA	09/1999 to 07/2000	Family Medicine Staff
Planned Parenthood, Rohnert Park, CA	07/2000 to 07/2001	Family Medicine Staff
Family Medicine Residency of Idaho, Boise, ID	08/2001 to current	Associate Clinical Professor
Planned Parenthood of the Great Northwest Boise ID	09/2005 to current	Medical Director

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
ID	7/30/2001	M8268		USMLE	CURRENT	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
CA	9/3/1999	A69698			CANCELED EXPIRED	<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. AIDS Education and Training Attestation

I certify that I have completed a minimum of four (4) of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials	Date
KCC	11/14/12

8. Applicant's Photograph

Photo Here



Height 5'4"
 Weight 122
 Hair color Brown
 Color of eyes Hazel

Signature [Handwritten Signature]

Date of Photo 11/14/12

9. Applicant's Attestation

I, KARA LANE CADWALLADER, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:


- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 11/14/12 at Seattle, WA (city, state)

By: 
Signature of applicant



**AAFP CME Transcript for
Kara Lane Cadwallader, MD, FAAFP**

Current as of 11/9/2012

118.5

Kara Lane Cadwallader, MD, FAAFP

1 - DOH Licensee Healt...

UNITED STATES

2012

Date	Title	P Credits	E Credits
2/23/2012	Office-Based Hysteroscopy and Hysteroscopic Sterilization: National Procedures Institute	8.50	0.00
2/23/2012	Formal Live Activity - AMA/AOA Approved: Medical Directors Council- Update on Reproductive Health and Medical Leadership Conference The Association of Reproductive Health Professionals	0.00	12.50
Total credits for 2012		8.50	12.50
Total Live credits for 2012		8.50	12.50

2011

Date	Title	P Credits	E Credits
1/4/2011	Writing Test Questions: ABFM item writer	15.00	0.00
1/4/2011	Medical Writing: Senior editor for PEPID handheld electronic clinical care database	0.00	15.00
4/20/2011	Back Pain: A Review of Evidence Based Treatment Ada Canyon Medical Education Consortium	1.00	0.00
10/18/2011	ABFM Self-Assessment Module (SAM) on Asthma American Board of Family Medicine	12.00	0.00
10/21/2011	Formal Live Activity - AMA/AOA Approved: North American Forum on Family Planning Albert Einstein College of Medicine	0.00	22.50
11/19/2011	ABFM Self-Assessment Module (SAM) on Depression American Board of Family Medicine	12.00	0.00
12/13/2011	Hand Hygiene Performance in Practice Module American Board of Family Medicine	20.00	0.00
Total credits for 2011		60.00	37.50
Total Live credits for 2011		1.00	22.50

2010

Date	Title	P Credits	E Credits
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1/1/2010	Writing Test Questions: ABFM Item writer	0.00	15.00
1/1/2010	Medical Writing: Senior editor for eMed Ref handheld clinical reference tool for PDA and online resource through FPIN	0.00	20.00
2/25/2010	Formal Live Activity - AMA/AOA Approved: MeDC 6th Annual Update on Reproductive Health and Medical Leadership The Association of Reproductive Health Professionals	0.00	12.00
6/22/2010	BLS Provider	4.00	0.00
9/1/2010	Teaching: Implanon training - performed three	6.00	0.00
9/17/2010	Neonatal Resuscitation	8.00	0.00
9/22/2010	Reproductive Health 2010 Association of Reproductive Health Professionals (ARHP)	20.00	0.00
10/25/2010	ACLS Provider	16.00	0.00
Total credits for 2010		54.00	47.00
Total Live credits for 2010		54.00	12.00

2009

Date	Title	P Credits	E Credits
1/1/2009	Writing Test Questions: American Board of Family Medicine	0.00	30.00
2/26/2009	Formal Live Activity - AMA/AOA Approved: Update on Reproductive Health and Medical Leadership University of Vermont * Required for maternity health	0.00	12.00
4/30/2009	Preparation/Presentation Exhibit: Integrating First Trimester Ultrasound into the Patient Centered Medical Home	0.00	15.00
8/27/2009	Peer Review: Peer review for Journal of Family Practice for the PURLs section	2.00	0.00
10/1/2009	Reproductive Health 2009 Association of Reproductive Health Professionals (ARHP)	14.50	0.00
10/5/2009	Teaching: Ultrasound in Early Pregnancy	6.00	0.00
11/17/2009	Medical Writing: Co-authored a chapter in Rakel's Textbook of Family Medicine, 8th edition; pending publication	0.00	25.00
Total credits for 2009		22.50	82.00
Total Live credits for 2009		20.50	12.00

2008

Date	Title	P Credits	E Credits
1/1/2008	Teaching: Teaching Med Students/Residents/Etc	20.00	0.00
1/1/2008	ABFM Self Assessment Module (SAM) on CAD	15.00	0.00

Date	Title	P Credits	E Credits
	American Board of Family Medicine		
1/1/2008	Publication: Publication Original Research Paper	30.00	0.00
1/1/2008	ABFM Self Assessment Module (SAM) on Heart Failure American Board of Family Medicine	15.00	0.00
2/7/2008	ABFM Self Assessment Module (SAM) on Maternity American Board of Family Medicine	15.00	0.00
4/5/2008	Basics of Second Trimester Abortion National Abortion Federation	6.50	0.00
4/5/2008	Basics of First Trimester Surgical Abortion National Abortion Federation	1.75	0.00
4/30/2008	STFM Spring Conference Society of Teachers of Fam Med	22.75	0.00
6/1/2008	Formal Activity - AMA/AOA Approved: Non-Group AMA Category 1 June 2008	0.00	7.00
9/17/2008	Pre-Conference Sessions: Reproductive Health 2008 Assn of Reproductive Hlth Prof	3.00	0.00
9/18/2008	Reproductive Health 2008 Assn of Reproductive Hlth Prof	14.50	0.00
11/1/2008	Neonatal Resuscitation	8.00	0.00
	Total credits for 2008	151.50	7.00
	Total Live credits for 2008	76.50	0.00

2007

Date	Title	P Credits	E Credits
1/1/2007	Enrichment Live: Group Enrichment Activities	0.00	25.00
1/1/2007	Teaching: Teaching Med Students/Residents/Etc	20.00	0.00
1/1/2007	Publication: Publication Original Research Paper	15.00	0.00
1/17/2007	Enrichment Live: Group Enrichment Activity	0.00	5.00
4/1/2007	BLS Provider	4.00	0.00
6/1/2007	ACLS Provider	8.00	0.00
9/27/2007	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	16.00
	Total credits for 2007	47.00	46.00
	Total Live credits for 2007	32.00	46.00

2006

Date	Title	P Credits	E Credits
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1/1/2006	Publication: Publication Original Research Paper	10.00	0.00
1/1/2006	Teaching: Teaching Med Students/Residents/Etc	20.00	0.00
1/4/2006	Ada Canyon Medical Education Consortium January-December Grand Rounds Ada Canyon Med Ed Consortium	5.00	0.00
3/17/2006	Pediatric Mental Health Collaborative Care Conference Family Medicine Res Network	6.50	0.00
4/24/2006	NAF Meeting 2006:Medical Track National Abortion Federation	0.00	1.25
4/24/2006	NAF Meeting 2006:Medical Track National Abortion Federation	11.50	0.00
4/26/2006	STFM Spring Conference Society of Teachers of Fam Med	29.00	0.00
9/6/2006	Reproductive Health 2006 Assn of Reproductive Hlth Prof	16.50	0.00
Total credits for 2006		98.50	1.25
Total Live credits for 2006		88.50	1.25

2005

Date	Title	P Credits	E Credits
1/1/2005	Enrichment Live: Group Enrichment Activities	0.00	25.00
1/1/2005	Publication: Publication Original Research Paper	10.00	0.00
1/1/2005	Teaching: Teaching Med Students/Residents/Etc	20.00	0.00
1/5/2005	Ada Canyon Medical Education Consortium January-December Grand Rounds Ada Canyon Med Ed Consortium	3.00	0.00
1/27/2005	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	2.00
9/7/2005	Reproductive Health 2005 Assn of Reproductive Hlth Prof	16.00	0.00
9/7/2005	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	0.50
Total credits for 2005		49.00	27.50
Total Live credits for 2005		39.00	27.50

2004

Date	Title	P Credits	E Credits
1/1/2004	Publication: Publication Original Research Paper	10.00	0.00

1/1/2004	Teaching: Teaching Med Students/Residents/Etc	20.00	0.00
1/1/2004	Enrichment Live: Group Enrichment Activities	0.00	5.00
1/7/2004	Ada Canyon Medical Education January-June Grand Rounds Ada Canyon Med Ed Consortium	13.00	0.00
1/12/2004	Faculty Development Fellowship Univ of WA School of Med	61.75	0.00
1/28/2004	Enrichment Live: Group Enrichment Activity	0.00	2.75
	Total credits for 2004	104.75	7.75
	Total Live credits for 2004	94.75	7.75

2003

Date	Title	P Credits	E Credits
1/8/2003	Ada Canyon Medical Education January-December Wednesday/Friday Ada Canyon Med Ed Consortium	19.00	0.00
6/12/2003	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	18.00
7/14/2003	Faculty Development Fellowship Univ of WA School of Med	41.75	0.00
9/20/2003	36th STFM Spring Conference Society of Teachers of Fam Med	32.00	0.00
9/20/2003	36th STFM Spring Conference Society of Teachers of Fam Med	0.00	12.00
	Total credits for 2003	92.75	30.00
	Total Live credits for 2003	92.75	30.00

2002

Date	Title	P Credits	E Credits
1/1/2002	PAES Provider	10.50	0.00
1/1/2002	ACLS Provider	16.00	0.00
1/1/2002	Teaching: Teaching Med Students/Residents/Etc	5.75	0.00
1/1/2002	AFP CME Quiz Vol 64/#12 (12/15/01) American Academy of Family Physicians	2.00	0.00
1/4/2002	Ada Canyon Medical Education January-June Wednesday/Friday Grand Rounds Ada Canyon Med Ed Consortium	23.00	0.00
3/14/2002	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	20.00

4/5/2002	Advocacy in Lobbying Skills for FP Pisacano Leadership Fdn	21.00	0.00
7/1/2002	Formal Live Activity - AMA/AOA Approved: Formal Group Activity- Category 1	0.00	15.00
10/2/2002	Understanding Headache Antidote Education Company	2.00	0.00
12/13/2002	ALSO Provider University of Wyoming Family Practice Residency Program at Casper	17.00	0.00
Total credits for 2002		97.25	35.00
Total Live credits for 2002		95.25	35.00

CME Credits for 2002 - 2012
Total Prescribed Credits: 785.75
Total Elective Credits: 333.50
Total Live Credits: 809.25
Total Credits: 1119.25

Provided to AAFP members
on a complimentary basis
as a membership service.

Douglas S. Henley M.D.

Douglas Henley, M.D., F.A.A.F.P.
Executive Vice President
American Academy of Family Physicians

**MEDICAL BOARD OF CALIFORNIA**

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382 FAX (916) 263-2944
www.mbc.ca.gov



November 14, 2012

TO WHOM IT MAY CONCERN:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN: KARA LANE CADWALLADER
LICENSE NUMBER: A69698
ISSUED: September 03, 1999
EXAM TYPE: A Written Examination
EXPIRATION DATE: July 31, 2001
STATUS: CANCELED
BOARD DISCIPLINE: No

This license information was last updated on: 11/13/2012

Further public records pertaining to the above licensee may be available from the Board's Web site at www.mbc.ca.gov.

Curtis J. Worden
Chief of Licensing



STATE OF IDAHO

BOARD OF MEDICINE

November 14, 2012

1755 Westgate Dr. Ste 140
Boise, Idaho 83704
(208) 327-7000
FAX (208) 327-7005
E-Mail info@bom.idaho.gov

CERTIFICATION

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

KARA LANE CADWALLADER, MD

LICENSE NUMBER:	M-8268
LICENSE TYPE:	PHYSICIAN AND SURGEON
DATE ISSUED:	07/30/2001
LICENSE STATUS:	Current
LAST ACTION:	Renewed
MEDICAL SCHOOL:	UNIV OF CA, SAN FRANCISCO, SCH OF MED, SAN FRANCISCO CA 94143
DISCIPLINARY ACTION:	No
EXPIRATION DATE:	06/30/2013

This license information was last updated on: 11/13/2012

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

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

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

Mary Leonard
Associate Director



Washington State Department of Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866
 A-L 360.236.2765
 M-Z 360.236.2767

RECEIVED

DEC 28 2012

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

MD

To: Hospital Administration (Excluding post graduate training hospital privileges)

Hospital Name ST. ALPHONSUS REGIONAL MEDICAL CENTER

Address ATTN: MEDICAL AFFAIRS
1055 NORTH CURTIS ROAD, BOISE, ID 83706

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 above at your earliest convenience. All questions must be answered.

Applicant Name (Print or type) <u>KARA LANE CADWALLADER</u>	Birth date (mm/dd/yyyy) <u>7/10/1967</u>
Signature of applicant 	

1. KARA LANE CADWALLADER has/had admitting or specialty privileges at this hospital from 08/2001 to PRESENT
(mm/yyyy) (mm/yyyy)
8/09/2001 Current

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?
 Yes No If yes, please explain _____

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

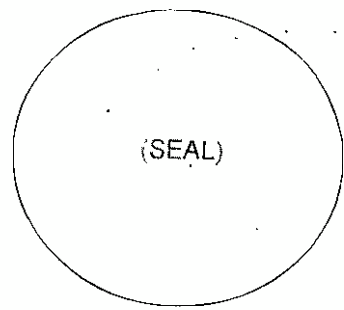
4. Did the applicant ever resign in lieu of or to avoid adverse action? Yes No If yes, please explain: _____

5. Has a report concerning the applicant ever been sent to the National Practitioner Data Bank or the Health Care Integrity and Protection Data Bank by this hospital? Yes No

Return to address listed above.

Signature Teresa J. Mann
 Title Credentials Assistant
(Please type or print)

Hospital Saint Alphonsus Rmc
 Address 1055 N. Curtis Rd. Boise, Id
 Date 12/26/12 Telephone 208-367-2124





Saint Alphonus
OFFICE OF MEDICAL AFFAIRS

RECEIVED
DEC 28 2012
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

December 26, 2012

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

RE: Kara Lane Cadwallader, MD

This letter is to confirm that the above referenced provider has been an Active member in good standing of the Medical staff at Saint Alphonus Regional Medical Center, in the Department of Family Medicine, during the time period of August 9, 2001 to the present.

To my knowledge as Credentials Assistant in the Office of Medical Affairs, the provider has had no limitations or restrictions on the exercise of clinical privileges in the Department of Family Medicine at SARMC during the time period mentioned above.

Please do not hesitate to contact me if you require additional information.

Thank you,

Teresa J Gann
Office of Medical Affairs
Saint Alphonus Regional Medical Center
(208)367-2124



Washington State Department of
Health
 Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866
 A-L 360.236.2765
 M-Z 360.236.2767

RECEIVED

MEDICAL STAFF OFFICE

DEC 24 2012

DEC 7 - 2012

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

MD

To: Hospital Administration (Excluding post graduate training hospital privileges)

Hospital Name MEDICAL STAFF OFFICE

Address ST. LUKE'S BOISE MEDICAL CENTER

190 E. BANNOCK ST., BOISE, ID 83712

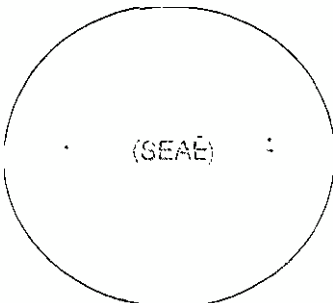
RE: Verification and evaluation of privileges

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 above at your earliest convenience. **All questions must be answered.**

Applicant Name (Print or type) KARA LANE CADWALLADER	Birth date (mm/dd/yyyy) 07/16/1967
Signature of applicant	
1. <u>KARA LANE CADWALLADER</u> has/had admitting or specialty privileges at <small>Applicant Name (Print or type)</small> this hospital from <u>08/2001</u> to <u>PRESENT</u> <small>(mm/yyyy)</small> <small>(mm/yyyy)</small>	
2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain _____ _____	
3. Has the applicant every been asked to resign? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain _____ _____	
4. Did the applicant ever resign in lieu of or to avoid adverse action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: _____	
5. Has a report concerning the applicant ever been sent to the National Practitioner Data Bank or the Health Care Integrity and Protection Data Bank by this hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Return to address listed above.

Signature Alena S Hope Alena S. Hope
 Title Medical Staff Coordinator
(Please type or print)



Hospital St. Luke's Treasure Valley
 Address 190 E. Bannock Boise ID 83712
 Date 12-13-12 Telephone 208 381 2641



AMA Physician Profile

Name and Mailing Address:

KARA LANE CADWALLADER MD

1 - DOH Licensee Health Profes...

Primary Office Address:

FAM. PRAC. RESIDENCY OF IDAHO
777 N RAYMOND ST
BOISE ID 83704-9251

Phone: 1-208-514-2500

Birthdate: 07/10/1967

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty: UNSPECIFIED

*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:

UNIV OF CA, SAN FRANCISCO, SCH OF MED, SAN FRANCISCO CA 94143

Degree Awarded: Yes

Degree Year: 1995



AMA Physician Profile

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

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: MULTICARE MED CTR
Sponsoring State: WASHINGTON
Specialty: FAMILY MEDICINE
Dates: 07/1995 - 06/1998 (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>
IDAHO	MD	07/30/2001	06/30/2013	ACTIVE	UNLIMITED	11/02/2012
CALIFORNIA	MD	09/03/1999	NOT RPTD	INACTIVE	UNLIMITED	11/14/2012
WASHINGTON	MD	09/09/1997	07/10/1999	INACTIVE	UNLIMITED	11/01/2012

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1669414728	06/12/2006	NOT RPTD	NOT RPTD	NOT RPTD	11/06/2012



AMA Physician Profile

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>
XXXXXX834	22N 33N 4 5	08/31/2015	11/12/2012

Address: Fam. Prac. Residency Of Idaho, 777 N Raymond St, Boise, ID 83704-9251

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

Specialty Board Certification(s)*:

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying Board: AMERICAN BOARD OF FAMILY MEDICINE

Certificate: FAMILY MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	08/05/2005	12/31/2015	RE-CERT	11/07/2012
TIME LIMITED	07/10/1998	12/31/2005	INITIAL(**)	11/07/2012

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.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 American Board of Medical Specialties. All right reserved.



AMA Physician Profile

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.

Additional Information:

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

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

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 60654
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.

**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

November 26, 2012

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: November 26, 2012
Your Reference Number:
FSMB Batch Number: BQ2170408

The following is a final report of the search results from the Board Action Data Bank as of November 26, 2012 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of November 26, 2012

<u>Item</u>	<u>Name</u>	<u>DOB</u>	<u>School</u>	<u>Yr/Grad</u>	<u>Request ID</u>
3	CADWALLADER, KARA	07/10/1967	005050	1995	26029549

LICENSE HISTORY

State Board
CALIFORNIA
IDAHO
WASHINGTON

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Tuesday, November 27, 2012 12:21 PM
To: 'kara.cadwallader@ppgnw.org'
Subject: Pending reinstatement of MD.35453

November 27, 2012

Dear Dr. Cadwallader,

This is to acknowledge receipt of your reinstatement fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

MISSING ITEMS

Need all hospital privilege verifications

If you choose to use email as your way of checking on your application, that may be done at any time.

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

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at the address listed below.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795

Web address: <http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx>

“Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education.”

Physician Application Worksheet

Name Cadwallader, Kara L.

Residency Number _____
License Number _____
Date of Birth 7-10-67

Date Received 8/4/97 Date Completed _____ Signature _____

Fee Photo Personal Data AIDS Affidavit Archive File

Chronology
 Complete

Missing:
to _____
to _____
to _____

Temporary Permit Requested

Status

8/11
FSMB

9/15
AMA

ECFMG

Reinstatement

Personal Data Questions Documentation Received

Malpractice Cases

1 _____
2 _____
3 _____
4 _____

Original
Synopsis Complaint Disposition

Medical School

Name U of CA

Year of Degree 1995

U.S. Canadian International

8/18 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>8/15</u>	<u>Jacoma Fam.</u>	<u>6/95-current</u>	<input checked="" type="checkbox"/>		

Received State Licensure

Received Hospital Privileges

Approved

Beverly A. Tetter
Signature

9/8/97
Date

Comments:

Return with check or money order to ensure proper credit of your license application fee.

Physician & Surgeon

KARA L. CADWALLADER, M.D.

NAME (Please Print)

7/24/97
DATE

Revenue Section

P.O. Box 1099

Olympia, Washington 98507-1099



Washington State Department of

Health

DOH 657-079 (4/94)

<input checked="" type="checkbox"/>	Check	<input type="checkbox"/>	Money Order
\$ 325.00			
Please note amount enclosed, and return with your application.			

1A 0252090000 00237

000000 09/01/97

32500



Health Professional Quality Assurance Division
 PO Box 1099
 Olympia WA 98507-1099
 (360) 753-2844
 (360) 664-8689

RECEIVED
 AUG 04 1997
 NPS 0

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

*All applications must be accompanied by applicable fee (fees are non-refundable).
 All applicants carefully follow all instructions in general instructions.*

It is the responsibility of the applicant to submit or request to have submitted, all required supporting documents.

Licensure Examination Taken (check one): National Board State Examination LMCC (must have been obtained after 1969)
 FLEX Examination USMLE Examination

For Office Use Only		
Certificate No. <u>3543</u>	Issue Date	Expiration Date

Please Type or Print Clearly

Applicant's Name CADWALLADER KARA L
LAST FIRST MIDDLE INITIAL

Mailing Address 3319 37th Ave South

City Seattle State Wa Zip 98144 County KING

Telephone (253) 552-2900 Social Security Number
ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS 2 - DOH Licensee Social Security Number - RCW 42.56.3... REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN IS VOLUNTARY AND NOT REQUIRED FOR LICENSING APPROVAL

Home Address 3319 37th Ave So Seattle Wa 98144
STREET CITY STATE ZIP

Sex (F or M) F Birthdate 07 10 1967 Birthplace Highland Park, ILLINOIS USA
MONTH DAY YEAR CITY STATE COUNTY

Medical Speciality Family Practice

Medical School University of California, San Francisco Year of Graduation 1995
NAME

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

List other name(s) that appear on documents or credentials NONE

PERSONAL DATA

Yes No

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

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

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

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

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

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

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

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

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

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

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

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

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

- a. the use or distribution of controlled substances or legend drugs?

- b. a charge of a sex offense?

- c. any other crime, other than minor traffic infractions? (Include driving under the influence and reckless driving.)

- 6. Have you ever been found in any civil, administrative, or criminal proceeding 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 laws, or prescribed controlled substances for yourself?

- b. committed any act involving moral turpitude, dishonesty or corruption?

- c. violated any state or federal law or rule regulating the practice of a health care profession?

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

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

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

PERSONAL DATA QUESTIONS (Continued)

Y No

- 10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?
- 11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?
- 12. To the best of your knowledge, are you the subject of an investigation by any licensing board as of the date of this application?
- 13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?

Identification	
HEIGHT 125	WEIGHT 5'4"
COLOR OF EYES Hazel	COLOR OF HAIR Brown



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)				
Univ. of California, San Francisco	5	9/90	6/95	MD
Post-Graduate Training (List all Programs Attended)				
Taroma Family Medicine Residency Program	2	7/95	current	

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 inch sheets if necessary.)

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (mo/yr)
NONE		

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 inch 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)
NONE		

LICENSES IN OTHER STATES

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

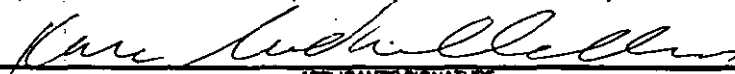
State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations on License
			Examination (Date Passed)	Endorsement		
NONE						

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

Name and Location of Medical School	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

AIDS Affidavit

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



 APPLICANT'S SIGNATURE

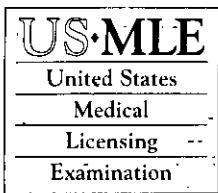
 7/14/97
 DATE

APPLICANT'S ATTESTATION

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

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

APPLICANT'S SIGNATURE  DATE 7/14/97



United States Medical Licensing Examination™ Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 08/14/1997

RECEIVED
 AUG 18 1997
 HEALTH PROFESSIONS SECTION 5

Washington Medical Quality Assurance Commission
 ATTN: Keith O Shafer, Exec Director
 PO Box 47866
 OLYMPIA, WA 98504-7866

Examinee: Cadwallader, Kara Lane
 USMLE ID#: 4-002-847-4
 DOB: 07/10/1967
 Alt Name(s):

STEP1 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
6/1992	PASS	223	176	88	75	

STEP2 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
9/1993	PASS	215	167	85	75	

STEP3 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

State Board	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	Passing	Score	Passing	
WASHINGTON	5/1996	PASS	236	176	92	75	

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.

See reverse side for explanation of information reported above.

Authenticity of USMLE™ Transcripts

Original, certified transcripts of United States Medical Licensing Examination (USMLE) scores are printed on blue safety paper and are produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The embossed USMLE seal in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history, and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For recent administrations, the mean and standard deviation of scores on the three-digit scale for first-time examinees from medical schools in the United States are approximately 205 and 20, respectively, and most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each Step of USMLE is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 6 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

NOTATION REGARDING FSMB BOARD ACTION DATA BANK

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 *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 assure 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 of the individual physician.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Special circumstances in connection with the administration of an examination may result in one of the following annotations being listed next to the score for that examination:

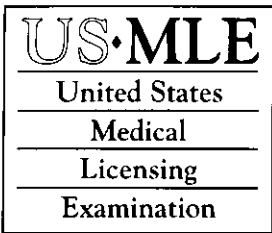
Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

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

Irregular Behavior - The USMLE 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*. To obtain information regarding the nature of the irregular behavior, the full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9600.

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.

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



UNITED STATES MEDICAL LICENSING EXAMINATION™

The Federation of State Medical Boards of the U.S., Inc.
 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855
 Telephone: (817) 571-2949

WA-1

STEP 3 SCORE REPORT

*** * * MEDICAL BOARD FILE COPY * * ***

Cadwallader, Kara Lane

USMLE ID: . 4-002-847-4

**2008 46th Street Court NW
 Gig Harbor, WA 98335**

Test Date: May 1996

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. **Step 3** is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
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236	This score is determined by your overall performance on the examination. The score scale is defined to have a mean of 200 and a standard deviation of 20 based on the projected performance of recent graduates from medical schools accredited by the Liaison Committee on Medical Education (LCME). Most examinees receive a score between 140 and 260. A score of 176 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is five points.
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92	This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 176 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [‡] for this scale is one and a half points.
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[‡]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The standard error of measurement (SEM) provides an estimate of the range within which your scores might be expected to vary by chance if you were tested repeatedly using similar tests.

NAME CADWALLADER, KARA LANE DATE ADMITTED 09-10-90 2-DOH License... M AS OF 08-10-97 01
 FORMER NAME BIRTHDATE 07-10-67 MEDICINE
 BIRTHPLACE ILLINOIS 4

ADMISSION CREDENTIALS SUBJECT A GRADUATION INDEF LEAVE 3-21-94
 STANFORD U AB 1990 AMERICAN HIST MD 06-11-95 READMITTED 6-13-94
 AMERICAN INST

DEPARTMENT	COURSE	UNITS	GRD	CODES	DEPARTMENT	COURSE	UNITS	GRD	CODES	DEPARTMENT	COURSE	UNITS	GRD	CODES
FALL 1990					PATHOLOGY 102	3.00	P			SURGERY 140.06	6.00	H		
ANATOMY 100A	5.00	P			PHARMACOL 100A	4.00	P			UNITS COMPLETED	15.00			
ANATOMY 170.01	1.00	P			PSYCHIATRY 131A	2.00	P			WINTER 1994				
FAM CM MED 170.01A	1.00	P			PSYCHIATRY 180	2.00	P			ANESTHESIA 110	3.00	P		
FAM CM MED 170.07	2.00	P			RADIOLOGY 100	2.00	P			NEUROLOGY 110	6.00	P		
INTERDEPT 100	10.00	P			UNITS COMPLETED	21.00				OB GYN R S 140.05	6.00	H		
MEDICINE 131A	1.00	P			SPRING 1992					UNITS COMPLETED	15.00			
PSYCHIATRY 100A	2.00	P			EPIDEMIOLOG 100	2.00	P			SUMMER 1994				
UNITS COMPLETED	22.00				MEDICINE 132C	6.00	P			FAM CM MED 140.04	6.00	H		
WINTER 1991					PATHOLOGY 103	3.00	P			UNITS COMPLETED	6.00			
ANATOMY 100B	4.00	P			PHARMACOL 100B	4.00	P			FALL 1994				
ANTHROPOL 248	2.00	P			PSYCHIATRY 131B	2.00	P			FAM CM MED 140.04	6.00	H		
BIOCHEM 100	5.00	P			UNITS COMPLETED	17.00				UNITS COMPLETED	6.00			
FAM CM MED 170.07	2.00	P			SS 3 1992					FALL 1994				
MEDICINE 131B	2.00	P			OB GYN R S 110	9.00	H			FAM CM MED 140.04	6.00	H		
PHYSIOLOGY 100	6.00	P			PEDIATRICS 110	9.00	H			UNITS COMPLETED	6.00			
PSYCHIATRY 100B	1.00	P			UNITS COMPLETED	18.00				WINTER 1995				
PSYCHIATRY 170.19	1.00	P			FALL 1992					MEDICINE 140.22F	6.00	P		
UNITS COMPLETED	23.00				PSYCHIATRY 110	9.00	P			MEDICINE 140.35	6.00	P		
SPRING 1991					UNITS COMPLETED	9.00				RADIOLOGY 140.09	6.00	P		
ANATOMY 103	6.00	P			WINTER 1993					UNITS COMPLETED	18.00			
ANTHROPOL 248	2.00	P			MEDICINE 110	12.00	H			SPRING 1995				
EPIDEMIOLOG 101	3.00	P			SURGERY 110	6.00	H			ANESTHESIA 111	1.00	P		
EPIDEMIOLOG 198	1.00	P			UNITS COMPLETED	18.00				INTERDEPT 110	6.00	P		
FAM CM MED 170.01B	1.00	P			SPRING 1993					MEDICINE 111	3.00	P		
MEDICINE 131C	3.00	P			FAM CM MED 110	12.00	H			UNITS COMPLETED	10.00			
MICROBIOL 100A	2.00	P			MEDICINE 112	3.00	P			***SUMMARY TO DATE***				
PHYSIOLOGY 101	5.00	P			RADIOLOGY 170.10	1.00	P			UNITS COMPLETED	280.00			
UNITS COMPLETED	23.00				SURGERY 110	6.00	H							
FALL 1991					UNITS COMPLETED	22.00								
FAM CM MED 160.03	1.00	P			SS 3 1993									
FAM CM MED 170.01A	1.00	P			FAM CM MED 140.40	6.00	H							
FAM CM MED 170.01B	1.00	P			PEDIATRICS 140.01D	6.00	H							
INTERDEPT 135	3.00	P			UNITS COMPLETED	12.00								
MEDICINE 132A	7.00	P			FALL 1993									
MICROBIOL 100B	6.00	P			DERMATOL 140.01	6.00	H							
PATHOLOGY 101	4.00	P			FAM CM MED 140.61	3.00	H							
PEDIATRICS 100	2.00	P			UNITS COMPLETED	25.00								
UNITS COMPLETED	23.00				FALL 1992									
WINTER 1992					LAB MED 140.02	2.00	P							
LAB MED 140.02	2.00	P			MEDICINE 132B	6.00	P							
MEDICINE 132B	6.00	P												

PROCESSED
 AUG 18 1997

SECTION 5

merfer *trouaroblos*
 REGISTRAR

AUG 15 1997

NOT OFFICIAL WITHOUT
 SIGNATURE SEAL
 UNIVERSITY OF CALIFORNIA
 SAN FRANCISCO
 REGISTRAR AND ADMISSIONS OFFICE

Progress Toward Degree

Student Evaluation — The grading system for work of students who are candidates for the Doctor of Medicine degree is **P**=pass, **H**=honors, **E**=provisional nonpassing, and **F**=fail.

Grade **H** (effective 7-1-92) is assigned for outstanding performance in courses of more than two units. Honors recognition is not awarded in first-year courses.

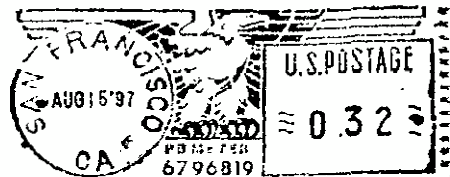
Grade **E** is assigned as a provisional nonpassing grade. It is converted to a passing grade when the requirements for the course are met satisfactorily as determined by the instructor in charge. It is converted to grade **F** by the instructor if the student fails to complete satisfactorily the course requirements within the time prescribed by the Screening Committee.

Other grading symbols in use are **I**=incomplete and **IP**=in progress. The grade **I** may be assigned when a student's work is of passing quality, but is incomplete for good cause. Students may replace the Incomplete grade with a passing grade and receive unit credit provided they complete the course work as approved by the instructor in charge. For courses covering more than one quarter where evaluation of student performance is deferred until the end of the final quarter, provisional grade **IP** is assigned in the intervening quarters.

The notation **NR** appears on the transcript when grades have not been received by the Registrar from course instructors.

031
University of California San Francisco . A Health Sciences Campus
Office of the Registrar
Millberry Union, 200 West
San Francisco, CA 94143-0244

UCSF



DLY P&DF, WA. 23:44 08/17/97

DEPARTMENT OF HEALTH
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

Transcript

TO: Post-Graduate Training Program Director

Tacoma Family Medicine
FACILITY NAME
521 Martin Luther King Jr. Way
ADDRESS
Tacoma, WA 98405

PROCESSED
AUG 15 1997
HEALTH PROFESSIONALS 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 shown below. All questions must be answered.

Kara L. Cadwallader, M.D.
APPLICANT (PRINT OR TYPE)
7/10/67
BIRTHDATE
Kara Cadwallader
SIGNATURE OF APPLICANT

1. Kara L. Cadwallader, M.D. is or was engaged in post-graduate training in our program from 7/1/95 to present (7/24/97) will graduate 6/30/98 in the field of Family Medicine

2. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) Dr. Cadwallader is presently a third year family practice resident with Tacoma Family Medicine. Her performance has been excellent and her competence is appropriate for her level of training. Her conduct is professional and there are no areas of concern. Dr. Cadwallader is an outstanding resident.

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

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

5. 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) 664-8689 or (360) 753-2844

Signature [Signature]
Title Residency Program Director
Hospital Tacoma Family Medicine
Address 521 Martin Luther King Jr. Way
Tacoma, WA 98405
Date 8/17/97
Telephone (253) 552-2938

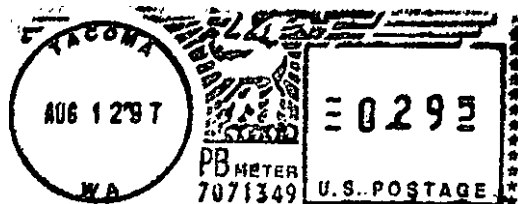
(Seal)



**Tacoma Family
Medicine**

521 Martin Luther King, Jr. Way
Tacoma, WA 98405-4272

PRESORTED
FIRST CLASS



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

98504-7866

CADWALLADER, KARA MD00035453 PAGE 44

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 unless otherwise agreed to in writing by the AMA.** 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.

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

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:

Primary Board: NONE REPORTED TO DATE

Effective: **Expires:**

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: **Expires:**

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 HCFA.

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.

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 and the American Accreditation Healthcare Commission, Inc. formerly known as the Utilization Review Accreditation Commission (AAHCC/URAC). The Physician Masterfile meets the National Committee for Quality Assurance 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 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 unless otherwise agreed to in writing by the AMA.** 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.

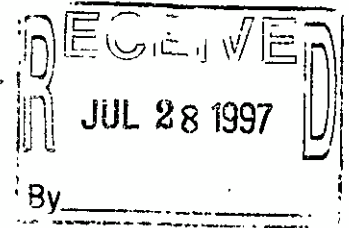


TO THE APPLICANT

Complete the identifying information below and submit to:

**Federation of State Medical Boards
400 Fuller Wisser Road
Eules, Texas 76039-3855**

Attention: Barbara Rains
Board Inquiry Specialist



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

PROCESSED
AUG 11 1997

Date: 7/14/97

HEALTH PROFESSIONALS
SECTION 5

Dear Ms. Rains:

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 Washington State Medical Quality Assurance Commission. Thank you for your assistance.

NAME: Kara Lane Cadwallader

SSN: 2 - DOH Licensee Social Security Number - RCW...

MEDICAL SCHOOL OF GRADUATION: Univ. of California, San Francisco

YEAR OF GRADUATION: 1995

BIRTHDATE: 07-10-67

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

AUG 05 1997

James R. Winn, M.D.
JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

August 14, 1997

Kara Cadwallader, MD
3319 37th Ave S
Seattle, WA 98144

Dear Dr Cadwallader

This is to acknowledge receipt of your application to obtain licensure as a physician and Surgeon in the state of Washington. According to our records the following items have not been received to complete your application

**American Medical Association
Medical School Transcripts
Post Graduate Training Tacoma /Family 6/95-present**

A deficiency letter will be sent every four to six weeks until the application is considered complete. Depending on the complexity of the application file, the review process may take up to 14 days. If your application contains negative information, it will be reviewed at the next Commission meeting for final disposition.

If you have any questions, please feel free to contact me at (360) 753-2844.

Sincerely,

Betty Elliott,
Program Representative



Redaction Summary (13 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2)" (8 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (5 instances)

Redacted pages:

- Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 6, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 6 instances
- Page 6, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 13, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 1 instance
- Page 24, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 1 instance
- Page 33, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 40, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 49, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance