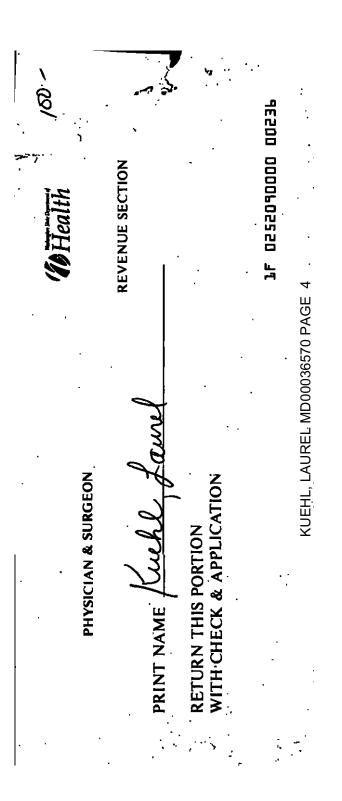
Name_K	VeHL	Laur	•		ucerse hur e of Eirch	7-15-64
Cate Received	5-18.98		Signi	ature		
160 Fee -	Phi		erscrial Cata			Archive File
Chreneicgy	: N	Aissing: to			a	Status
	·	0	FSMB	10//6 AMA	ECFMG	Reinstatement
Personal Data C	Questions C	ocumentation Rec	ervėd Maiprad	tice Cases	Syncosis	Conciaint Discosition
			2 3			
			4			:
	Medical So		at Degree96		Canadian	Translations
Examination Ty	çe 🔲 Nati	onal Scards 🔲 F		State Exam		
Received	Post Grac Training Pro		Accrediation Venfied Receiv		Graduate Programs	
1101		196-98				
		· · ·				
				·		
	DA-ML	Received	Hospital Privileg			
				· · · · · ·		
			·	<u></u>		
			<u> </u>			
	<u></u>					1
	Sind	anturt	tam		8-7	7-98
Approved Comments:	Signature	anat	tim		Date	7-98

.

-

- - - *







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

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

1

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): D National Board D

USMLE Examination

State Examination 🛛 LMCC (must have been obtained after 1969)

.

	For Office Use Only	
Certificate No. 70		Expiration Date
Seruncene inc. 540.		CAPITOR CAR
	Please Type or Print Clear	dur.
		·••
	11 1 1.1.05	
Applicant's NameKUEt	1L LATURE	IVI.
	university of Washin	Ston Box 354775.
Mailing Address <u>123</u>	1245 Roosevelt Why	INF
city Seattle	: 00-	01910
CityCull Ce	State WH	_ zip 918105 County Kinc
	_	· · · · · · · · · · · · · · · · · · ·
Telephone (206) 548-40	55 Social Security Number	1 - DOH Licensee Social Security Numbe
ENTER THE NUMBER AT WHICH YO REACHED DURING NORMAL BUSIN	J CAN BE	EQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN 3 VOLUNTARY AND NOT REQUIRED FOR LICENSING APPROVAL
5721 11070	ALC NIE Section	LANA 981DC
Home Address 323 1000	Ave NE Seattle	
_		
Sex (For M) Birthdate _07	IS 64 Birthplace	Tubingen, Cermany
MONTH	DAY YEAR	CITY U 'STATE COUNTY ()
Medical Speciality Family	Medicine.	
	1 machine to	180 (
Medical School UNIVEYSIM.	of Washington	Year of Graduation _1996
0	•	
Have you previously applied for a Wa	ashington State License or limited licen	ise? Dr. Yes 🗆 No
	-	
		·
List other name(s) that appear on do	cuments or credentials	

DOH 657-020 (Rev. 3/96) Page 1 of 4

KUEHL, LAUREL MD00036570 PAGE 6

.

	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.		۲.	•
	"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 scierosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learnin disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.	<u>,</u>	-	
	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 medica- tions).			
	1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused t 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.	ÿ		
	(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 ongoin 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.)	9		
•	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.		Ľ	
	"Currently" means recently enough so that the use of drugs may have an ongoing impact in one's functioning as licensee, and includes at least the past two years.	B		
	"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescrip tion for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegal			
	3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism frotteurism?	or 🗌	Ľ	
	4. Are you currently engaged in the illegal use of controlled substances?		Ľ	
	"Currently" means recently enough so that the use of drugs may have an ongoing impact in one's functioning as licensee, and includes at least the past two years.	a		
	"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 o a licensed health care practitioner.	ſ		
ļf ju	you must answer "yes" to any of the remaining questions, provide an explanation and copies of al adgments, decisions, orders, agreements and surrenders.	Y .		
	 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? 	-	1	
	 b. a charge of a sex offense? c. any other crime, other than minor traffic infractions? (Include driving under the influence and reckless driving.) 			
	 Have you ever been found in any civil, administrative, or criminal proceeding to have: possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legtimate or therapeutic purposes, diverted controlled substances of legend drugs, violated any drug laws, or recommended controlled substances of legend drugs, violated any drug laws, or 		ľ	
	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?			
,	 Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practic of a health care profession? If "yes", explain and provide copies of all judgements, decisions, and agreements. 	•	Ľ	
•	8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denier 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?	±. □	Ш́Р	
	9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malprac tice in connection with the practice of a health care profession?		¢⁄	

••

.

.

PERSONAL DATA QUESTIONS (Continued)	la sugar a suga				Yes	No
10. Have you ever had hospital privileges, medical so revoked, suspended, restricted or denied?	ociety, other pro	fessional so	ciety or organia	zation membership		P
11. Have you ever been the subject of any informal o cine?	or formal discipli	nary action r	elated to the p	ractice of medi-		Þ
12. To the best of your knowledge, are you the subje this application?	ect of an investig	ation by any	licensing boar	rd as of the date of		P
13. Have you ever agreed to restrict, surrender, or re	esign vour practi	ce in lieu of o	or to avoid adv	erse action?		D
Identification	and the second			and the factor	1. 67. S.	
HEIGHT 5'7" WEIGHT 125 165						0.01
COLOR OF EYES COLOR OF HAIR		10			130-10	
blue blond			100			
	Carrier of	In			1	
		Inc	100		,	
					12.50	
	1.0015			A MAR	100	
		1. C			1.5	
		2. N				
		3, T				
		4. Ir	THE REAL PROPERTY.		.	
	Cartana a				1	
		1			10.00	
	L				1	
			1			
		- ~	1	· · · · ·		
			turel 10	well 1/97		
	paration and pos			March 1997 Barrier States and States and		
Provide a chronological listing of your educational prep	paration and pos			additional 8 1/2 X 11 sheets	s if necess	
Provide a chronological listing of your educational prep Schools Attended	1	t-graduate tr	ttended	additional 8 1/2 X 11 sheets Diploma or Degre	s if necess e Obtair	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in	Number of	t-graduate tr Dates A	ttended	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	1	t-graduate tr Dates A	ttended	additional 8 1/2 X 11 sheets Diploma or Degre	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in	Number of	t-graduate tr Dates A	ttended	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of	t-graduate tr Dates A	ttended	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended)	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended)	Number of	t-graduate tr Dates A	ttended	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended)	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended)	Number of	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua	ned
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended)	Number of Years Attended	t-graduate tr Dates A From (mo/yr)	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua nglish.)	ned ige ar
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) UNIVERITY of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience red	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair I langua nglish.)	ned ige ar
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended)	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD	s if necess e Obtair I langua nglish.)	ned ige ar
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE in chronological order list all professional experience red	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_	ttended ((To (mo/yr)	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er	s if necess e Obtair l langua nglish.)	ned ige ar
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Iedical Education (List all Medical Schools Attended) University of Washington Dist-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE a chronological order list all professional experience recested under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Hedical Education (List all Medical Schools Attended) Wiversity of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience rec sted under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	s if necess e Obtair l langua nglish.)	ctivitie
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) Whive By of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience reconsted under other sections, Identify any periods of time	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Iedical Education (List all Medical Schools Attended) University of Washington Dist-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE a chronological order list all professional experience recested under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Iedical Education (List all Medical Schools Attended) University of Washington Dist-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE a chronological order list all professional experience recested under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Iedical Education (List all Medical Schools Attended) University of Washington Dist-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE a chronological order list all professional experience recested under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) edical Education (List all Medical Schools Attended) Wiversity of Washington ost-Graduate Training (List all Programs Attended) st-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE ochronological order list all professional experience rec sted under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) edical Education (List all Medical Schools Attended) Wiversity of Washington ost-Graduate Training (List all Programs Attended) st-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE ochronological order list all professional experience rec sted under other sections, Identify any periods of time Nature of Experience	Number of Years Attended	t-graduate tr Dates A From (mo/yr) 9/92_ duation from ys or more.)	ttended ((To (mo/yr))	additional 8 1/2 X 11 sheets Diploma or Degre Quote titles in origina translate to Er MD ol to the present. (Ex 18 1/2 X 11 inch sheets if n Dates of E From (mo/yr)	clude ac	ctivitie

KUEHL, LAUREL MD00036570 PAGE 8

Ending (mo	The street of the street state				
	Beginning (mo/yr)	(For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)			
┼─────					
	└──── │				
		······································			
┨	⊢	· · · · · · · · · · · · · · · · · · ·			

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 Examination (Date Passed)	Licensure Endorsement	Status of License Active or Inactive	Any Limitations on License
· · · · · · · · · · · · · · · · · · ·						

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

ł	Name and Location of Medical School	Name and Leastice of Heapital	Dates Attended
L		Name and Location of Hospital	Beginning (ma/yr) Ending (ma/yr)
ſ			
ŀ			<u> </u>
ŀ			
Į			

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)

٠.

DATE

3-11.98

PLICANT'S SIGNA

-- 1

1

APPLICANT'S ATTESTATION

. .

l	Laurel	Knehl			. certify that
Disciplinary Act, a in support of the a	and that I have answere application is, to the b	ed all questions in the a	at I have read 18.130.170 l pplication truthfully and co accurate. I understand th my application.	ompletely and the docum	entation provided
Present), business federal or foreign	s and professional ass) to release to this lic	ociates (past and prese ensing Commission a	izations, my references, p ant) and all governmental a ny information, files or red ttions for licensure in the	agencies and instrumenta cords required by the C	alities (local, state, commission for its

APPLICANTS SIGNATURE PLAN A O D VIA A D D D

Commission may request a physical and mental evaluation to determine my fitness for practice.

DOH 657-020 (Rev. 3/96) Page 4 of 4

KUEHL, LAUREL MD00036570 PAGE 9

UNIVERSITY OF WASHINGTON OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT THE WORD "COPY" APPEARS WHEN PHOTOCOPIED A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

NUMBER NAME <						COMEN		JFFICIAL
Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation 4 He VR PROF Million Million Description Description <th></th> <th>HIGH SCHOOL</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>-</th>		HIGH SCHOOL						-
Charactering Control Contend Control Control	STUDENT AUMER SOC. SEC NO. BIRTHDATE		DENCY		GE×			-
NUMBER JUL: 24 1938 NUMBER	CLASSIFICATION COLLEGE/MAJOR				UF[[\/ F P(%§]]	IKAIVUI	FBEU	0
OWNE DESCRIPTION DESCRIPTION <thd< td=""><td></td><td></td><td></td><td></td><td>JUL 24 1998</td><td></td><td></td><td></td></thd<>					JUL 24 1998			
ANY ALTERATION OF MODIFICATION OF THIS RECORD NUMBER OF THE ALTERATION OF ALTERATION OF THIS RECORD NUMBER OF THE ALTERATION OF ALTERATIONS. • ANY ALTERATION OR MODIFICATION OF THIS RECORD • MULD SIZE • ALTUMN 1993 HED 12 • ANY ALTERATION OR MODIFICATION OF THIS RECORD. • MULD SIZE • ALTUMN 1993 HED 12 • ANY ALTERATION OR MODIFICATION OF THIS RECORD. • MULD SIZE • ALTUMN 1993 HED 12 • ANY ALTERATION OF ALTERATION. • MULD SIZE • ALTUMN 1993 HED 12 • ANY ALTERATION OF ALTERATION. • MULD SIZE • ENDOL • ENDOL • ENDOL • INSUE SIZE • COMPLETED WALTERATION OF ALTERATION OF A				·				
 ANY ALTERATION CR MODIFICATION OF THIS RECORD ANY ALTERATION CR MODIFICATION OF THIS RECORD ANY ALTERATION CR MODIFICATION OF THIS RECORD ANY ALTERATION CR MODIFICATION OF AFELORY ANAJOR LEAD TO STUDENT DISCIPLIARY SANCTIONS. ANAJOR MARCHARK, 20,00 ANAJOR SANCTIONS. ANAJOR CLEAD TO ANAJOR SANCTIONS. ANAJON SANCTIONS.		3RADE	COURSE		TIME OFCUCH D	CREDITS	GRADE	
 • OA AUY COPY TREESO TAT COUNT 11/12 A FELOW * • ANADOM TO DISCIPLIANT SANCTONS * • ANADOM TO STRUCT DISCIPLIANT SANCTONS * • ANATOM TANAN OF TANAFER CARPIT: • ANTONIN 1992 HED 11 • ANTONIN 1993 HEN 11 • A	*********************	******			AUTUMN 1993	NED	12	
							-	
Automatrices Multi 553 P-PIN PRARI 1 4.0 s 1111 Complete Drs. The University of						_		

* THIS CRADUATE/PROFESSIONAL TRANSCRIPT * 2.5 H 2.5 H * TURS CRADUATE/PROFESSIONAL TRANSCRIPT * 1000 554 P-SILHIECS 2.5 GR * COMPLETED TR THE UNIVERSITY OF * * COMPLETED TR THE CONT .0 GR * COMPLETED TR THE CONT .0 GR * COMPLETED TR THE CONT .0 GR * NUBIO 502 * * * COMPLETED TR THE CONT .0 GR * COMPLETED TR THE CONT .0 GR * COMPLETED TR THE CONT .0 GR * COMPLETED CONT <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>S</td><td></td></t<>							S	
Indices Not. Include Understandurate Work *	+ THIS GRADUATE/PROFESSIONAL TRANSCRIPT						H	
UNARY LEVEN 11 UNIVER 11Y OF MASSINGTON BEARERS EARMED: DOCTORY FROITS UNIVER 11Y OF MASSINGTON BEARERS EARMED: DOCTORY FROITS UNIVER 11Y OF MASSINGTON BEARERS EARMED: DOCTORY FROITS UNIVER 1594 HED 12 SMARD 1996 COULD 7060 DATEMATING THE COLIN MED 3.0 S HUBID 551 P-INTRO CLIN MED 3.0 S SUMMAN OF TRANSFER CREPT: UNITON COLL 0.0 BA 1996 D.0 BA 1996 HUBID 552 P-HEMTOLORY 3.0 S MURID 511 P-CRDS AMATEMENTY 0.0 BA 1996 HUBID 552 P-HEMTOLORY 2.0 S MURID 511 P-CRDS AMATEMENTY 0.0 BA 1996 HUBID 552 P-HEMTOLORY 2.0 CR MURID 512 P-HEMTOLORY 0.0 BA 1996 HUBID 552 P-HEMTOLORY 2.0 CR MURID 512 P-HEMTOLORY 0.0 BA 1996 HUBID 552 P-HEMTOLORY 2.0 CR MURID 512 P-HEMTOLORY 1.0 S HUBID 552 P-HEMTOLORY 2.0 S MURID 512 P-HEMTOLINY 1.0 S HUBID 520 P-HEMTOLINY HUBID 520 P-HEMTOLINY <							S	
UNIVER 1994 HIFE 1994 HED 12 COLU 500 F-101 FAM RED PRECT 2.5 S SUBJECT OF REDICINE SATIAN TYPES (06/07/86) UNIVER 1996 (06/07/86) UNIVER 1992 MED 11 HUBIO 510 F-KIENE CREATE UNIVER 1992 MED 11 HUBIO 510 F-KIENE CREATE HUBIO 510 F-KIENE F-ZAL HUBIO 510 F-KIENE F-ZAL HUBIO 510 F-KIENE CREATE HUBIO 510 F-KIENE F-ZAL HUBIO 510 F-KIENE		*	(QTR	ATTEMPTED: 25.0 EARNEI	D: 25.0 (GPA: 0.0	0
UNIVERATIV OF MASSINGTON DEGREES EARMED: DCCTORY FRDICINE SERVING 1996 (06/07/96) SUMMAL OF TRANSFER CAEVIT: UNIVERATIVE CLIM HED 3.5 SUMMAL OF TRANSFER CAEVIT: UNIVERATIVE CLIM HED 3.5 SUMMAL OF TRANSFER CAEVIT: UNIVERATIVE CLIM HED 3.0 SUMMAL OF TRANSFER CAEVIT: UNIVER SUMMAL OF TRANSFER CAEVIT	1 WASHINGION.	***			WINTER 1994	MED	12	
String 1995. (00/07/96) HUBIO 550 P-INTROCLIM MED 3.5 s UVIQ20 TRANSFER: 0.0 DIALTENSION: 0.0 GPA: 0.00 HUBIO 552 P-INTROCLIM MED 3.5 s SUMMAR OF TRANSFER CREPTT: 0.0 BA 1986 HUBIO 552 P-INTROCLIM ED 3.0 s MITTAAT COLL 0.0 BA 1986 HUBIO 553 P-INE OLLOGY 3.0 s MITTAAT COLL 0.0 BA 1986 HUBIO 553 P-INE OLLOGY 2.0 GR MUTTAAT COLL 0.0 BA 1986 HUBIO 553 P-INE OLLOGY 2.0 GR MUBIO 510 P-INICEO AMAR HISTO 0.0 S HUBIO 552 P-INTRO CLIM MED 3.0 s HUBIO 511 P-GROSS MATREMBY 7.0 S NUBIO 562 P-INTRO CLIM MED 3.0 s HUBIO 512 P-INECK CLIM MED 1.0 CR HUBIO 556 P-REPRODUTION 3.5 s HUBIO 512 P-INT KO BEAN 1-A 4.0 S HUBIO 557 P-IND FIN OF PHAAM II 3.0 s HUBIO 512 P-INTRO CLIM MED 1.0 CR HUBIO 557 P-REPRODUTION 3.5 s HUBIO 512 P-INT AM MED PREPT 2.5 S HUBIO 512 P-INT AM MED PREPT 2.0 S HUBIO 522 P-INT AM MED PREPT 2.0 S SUMER 1994 MED 13 HUBIO 522 P-INTRO AMA MED ANDERY 2.0 S SUMAD ANDERY 2.0 S SUMAD ANDERY 2.0 S	UNIVERSITY OF WASHINGTON DEGREES EARNED:	c	ONJ !	550		3.0		
UUS22.0 TRANSFER: 0.0 DATENSION: 0.0 GPA: 0.00 HUBIO 551 P-61 SYSTEM 4.0 S SUMMARE OF TRANSFER CREPT: 0.0 BA 1986 MITTANY COLL 0.0 BA 1986 TARTSEE CLEART ACCEPTED: 0.0 AUTUMN 1992 MED 11 HUBIO 510 P-HICEG AMAT HISTO 3.0 S MUBIO 511 P-HICEG AMAT HISTO 3.0 S HUBIO 512 P-HERE ALART FORM 7.0 S HUBIO 513 P-HICEG AMAT HISTO 3.0 S HUBIO 514 P-HICEG MAT HISTO 7.0 S HUBIO 515 P-FILEG AMAT HISTO 7.0 S HUBIO 516 P-STS HU BENAY 1-A 3.0 S HUBIO 516 P-STS HU BENAY 1-A 3.0 H UCONJ 520 FARTEN TOP3 MED 10 1.0 S GTA ATTENTED: 23.0 EARNED: 23.0 GPA: 0.00 GUALATER TAMO DUPCET 1.0 S HUBIO 522 P-LINE AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND CLIMENT 1.0 S HUBIO 522 P-LINE AND AND CLIMENT					· · · · · · · · · · · · · · · · · · ·		-	
SUMMAR OF TRANSFER CREDIT: 0.0 BA 1966 3.0 S 3.0 S WHITAMA COLL 0.0 BA 1966 3.0 S 3.0 S WHITAMA COLL 0.0 BA 1966 3.0 S 3.0 S WHITAMAYNELLEAPTI ACCEPTED: 0.0 BA 1966 3.0 S 3.0 S WHITAMAYNELLEAPTI ACCEPTED: 0.0 BA 1966 3.0 S 3.0 S MUBIO 510 P-HICRO ANAT HISTO 3.0 S MUBIO 552 P-HEATOCLIN HED 5.0 S MUBIO 511 P-GROS ANATERMENT 7.0 S NUBIO 552 P-HITAO CLIN HED 5.0 S MUBIO 512 P-HECH CLIN HED 1.0 S NUBIO 554 P-PERIM MED HALL 3.0 S MUBIO 514 P-BIOCHEM I-A 4.0 S NUBIO 555 P-ERFROUTION 3.5 S MUBIO 512 P-HECH CLIN HED 1.0 CR SIMUBIO 552 P-ERFROUTION 3.5 S MUBIO 512 P-HECH TORY AND AUTORY 1.0 S SIMUBIO 552 P-ERFROUTION 3.5 S MUBIO 521 P-HITS RAME PROFER 2.0 S SIMUBIO 522 P-IHANG TORY AND AUTORY 1.0 S SIMUBIO 522 P-IHANG TORY AND AUTORY 1.0 S MUBIO 522 P-IHANG TORY AND AUTORY 1.0 S SIMUBIO 522 P-IHANG TORY AND AUTORY 1.0 S SIMUBIO 522 P-IHANG TORY AND AUTORY 1.0 S MUBIO 522 P-IHANG TIME REALTIST REPROFIL 2.5 S <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>5</td><td></td></t<>							5	
UNITIONAL COLL 0.0 BA 1986 AUTURN 1992 NED 11 AUTURN 1992 MED 11 HUBID 510 PHED HITH & SOC 26.0 GAAR HED HUBID 511 PHER HITH & SOC 26.0 GAAR HED HUBID 512 PHER HITH & SOC 26.0 GAAR HED HUBID 510 PHER HITH & SOC SPRIME 1994 HUBID 511 PHER HITH & SOC SPRIME 1994 HUBID 512 PHER HITH & SOC SPRIME 1994 HUBID 513 PHER HITH & SOC SPRIME 1994 HUBID 513 PHER HITH & SOC SPRIME 1994 HUBID 512 CLEAR SPRIME 1995 STATE STREMED: 22.0 GAA: HUBID 512 CLEAR SPRIME 1993 MED 11 COLLARTER COMMENT: HUBID 520 PHER HITH SI SI S SUMRE 1994 HUBID 520 PHER HED: 2.0 S SUMRE 1995 MED 12 HUBID 521 PHER HITH SI SI SI SIG SUMRE 1995 MED 13 HUBID 520 PHER HITH SI SIG SUMRE 1995 MED 13 HUBID 521 PHER HITH	DRIEVELO TRANSIERE DIO EXTERSION. DIO OF						S	
TRANSHEL_LEARNET ACCEPTED: 0.0 AUTURN 1992 NED 11 AUTURN 1992 NED 11 MUDIO 510 P-NICRO ANAT HISTO 3.0 S NUBIO 510 P-NICRO ANAT HISTO 3.0 S NUBIO 510 P-NICRO ANAT HISTO S.0 S NUBIO 510 P-NICRO ANAT HISTO S.0 S NUBIO 510 P-NICRO ANAT EMPKEY 7.0 S NUBIO 512 P-NICRO ANATEMENEY COLSPANE" S NUBIO 512 P-NECK CLL N MED 1.0 S NUBIO 512 P-NECK DEAR LT-A 4.0 S SI MUBIO 512 P-NECK DEAR LT-A 4.0 S SI MUBIO 512 P-NECK DEAR LT-A 4.0 C SI MUBIO 512 P-NECK DEAR LT-A 4.0 S SI MUBIO 512 P-NECK DEAR LT-A 4.0 S								
AUTUNN 1992 MED 11 HUBIO 510 P-HITRO ANAT HISTO 3.0 s HUBIO 511 P-GROSS ANATAENBRY 7.0 S HUBIO 512 P-HITRO CLIN MED 1.0 S HUBIO 513 P-HITRO CLIN MED 1.0 S HUBIO 514 P-STST HU BEHAV II 3.0 S HUBIO 515 P-STST HU BEHAV II 3.0 S HUBIO 516 P-STST HU BEHAV II 3.0 S HUBIO 516 P-STST HU BEHAV II 3.0 S HUBIO 510 P-STST HU BEHAV II 3.0 S HUBIO 510 P-STST HU BEHAV II 3.0 S HUBIO 520 P-STST HU BEHAV II 3.0 S GR ATTEMPTED: 24.0 EARMED: 24.0 GR ATTEMPTED: 24.2 BARNO III III MUSIO 520 P-ELINE AND MED 11 CONJ S20 PARTEMPTED: 2.1 S MUTTEN AND HUBIO 522 P-HITRO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII							-	
AUTURN 1992 MED 11 SPRING 1994 MED 12 HUBIO 510 P-MICRO ANAT HISTO 3.0 S HUBIO 560 P-NITRO CLIN MED 5.0 S HUBIO 512 P-MICRO ANAT HISTO 5.0 S HUBIO 565 P-URINARY STREM 4.0 S HUBIO 512 P-MICRO CLIN MED 1.0 S HUBIO 565 P-PRIN DF PHARM II 3.0 S HUBIO 512 P-BIOCHEM I'-A 4.0 S HUBIO 565 P-PRIN DF PHARM II 3.0 S HUBIO 512 P-BIOCHEM I'-A 4.0 S HUBIO 520 P-REN DF PHARM II 5.0 S HUBIO 512 CLARMED 10 CRA S HUBIO 520 P-REN DF PHARM II 1.0 CA GOLARTER COMMENT: HUBIO 512 CLARMED 22.0 EARN HUBIO 520 CLARMED 22.0 FA 0.00 GUARTER COMMENT: MINTER 1993 HED 11 S S MUBIO 520 FOLD CLIN MED 2.0 S HUBIO 520 P-HICR NO LIN MED PH	IKANSTELLEROII ACLEPIED: 0.0	"						D
HUBIO 510 P-HICRO ANAT HISTO 3.0 S HUBIO 560 P-HIRO CLIN MED 5.0 S HUBIO 511 P-GROS ANATEMBEY 7.0 S HUBIO 562 P-URINAR YSYSTEM 4.0 S HUBIO 512 P-HECK CELL PHYSIOL 5.0 S HUBIO 563 P-SYSTEM BENAY II 3.0 S HUBIO 516 P-STS HU BENAY II 3.0 S HUBIO 565 P-REPRODUCTION 3.5 S HUBIO 516 P-STS HU BENAY I-A 1.0 CR GR ATTEMPTED: 23.0 GANED: 23.0 GA 0.00 GUARTER COMMENT: HSI N HUBIO 512 CLEARED BY RE-EXAM. HUBIO 520 P-INDP STOT WED SCI 6.0 S PEDS GR CLEKSHIP 1.0 CR GUARTER COMMENT: HUBIO 520 P-CELLEATES RESPONS 6.0 S HUBIO 520 P-RED GEN CLEARSHIPS 24.0 GAN: 0.00 MUBIO 520 P-ST INF DIS 1-A 4.0 S AUTUAN 1994 MED 13 HUBIO 520 P-CELLETAS RESPONS 6.0 S HUBIO 522 P-INTRO CLIN MED 2.0 S AUTUAN 1994 MED 13 HUBIO 521 P-HST ON INVELOUEDY 2.0 S S HUBIO 522 P-INTRO INVELOUEDY 2.0 S HUBIO 524 P-ST ON CHAR 1-B 1.0 M GTR ATTEMPTED: 21.5 EANNED: 21.5 GPA: 0.00 HUBIO 522 P-REPORTOR INFERSION 3.0 S HUBIO 524 P-ST ON CHAR 1-B 1.0 K HUBIO 531 P-HSTRO INVELOUEDY 2.0 S HUBIO 535 P-HSTRO INVELOUEDY 2.0								-
WUBIO 511 P-GROSS AWATERBBY 7.0 S WUBIO 562 P-UNDARY SYSTEM 4.0 S WUBIO 512 P-HER CELL PHYSIOL 5.0 S WUBIO 563 P-SYST HU BEHAV II 3.0 S 3.5 S WUBIO 514 P-BIOCHEM I-A 4.0 S WUBIO 565 P-REPRODUCTION 3.5 S WUBIO 516 P-BIOCHEM I-A 3.0 H HUBIO 565 P-REPRODUCTION 3.5 S WUBIO 516 P-BIOCHEM I-A 3.0 H HUBIO 565 P-REPRODUCTION 3.5 S WUBIO 517 P-BIOCHEM I-A 4.0 S GR ATTEMPTED: 23.0 GARLED: 23.0 GARLED: 23.0 GARLED: 23.0 GARLED: 23.0 GARLED: 23.0 GARLED: 24.0 GARLED HUBIO 512 CLEARED BY RE-EXAM. SUMMER 1994 MED 12 OUARTER TOPS MED 11 SUMMER 1994 MED 12 PEDS 663 P-PED GEW CLEKSHIP 12.0 H OUARTER TOPS MED 11 SUMMER 1994 MED 12 HED 653 P-RECK SPOK 12.0 H COUL 520 P-CLILENTISTISE RESPONS 6.0 S MED 655 P-CLILENEXSHIPS 24.0 GARLED: 24.0 GARL				5/A				
INDIO 512 P-NECK CELL PATRIOL 5.0 S HUBIO 533 P-INFO CLIN HED 1.0 S HUBIO 543 P-STORUMENT II 3.0 S HUBIO 514 P-BIOCHEN I-A 4.0 S HUBIO 555 P-REPRODUCTION 3.5 S HUBIO 516 P-STS HU BERAY I-A 1.0 CR 0.00 GUARTER COMMENT: HUBIO 520 P-REPRODUCTION 3.5 S HUBIO 512 CLEARED BY RE-EXAM. UNITER 1993 HED 11 COULATER COMMENT: HUBIO 520 P-REPORTED: 23.0 GAR 10.00 SUMMER 1994 HED 12 MUBIO 520 P-CELL&FIS RESPONS 6.0 S HUBIO 520 P-CELL&FIS RESPONS 6.0 S HUBIO 520 P-CELLETIS RESPONS 6.0 S HUBIO 522 P-LATRO INFUNCLORY 2.0 S HUBIO 520 P-REDICHEN 1-8 3.0 S HUBIO 524 P-SIN CHARMED 12.0 HED 13 ATTEMPTED: 24.0 EARNED: 24.0 GAR: 0.00 HUBIO 520 P-REDICHENTING INVINUOLOGY 2.0 S HUBIO 524 P-SIN CHARMED 12.1 S GPA: 0.00 HUBIO 524 P-SIN CHARMED 12.1 S GPA: 0.00 HUBIO 530 P-HEN AND INHER 1-8 3.0 S HUBIO 531 P-HEN AND INHER 1-8 3.0 S HUBIO 531 P-HEN AND INHER 1-10 1.0 K SUMMER 1995 HED 13 HUBIO 532 P-HENG INNOLOGY 2.0 S SUMMER 1995 HED 13 HUBIO 535 P-HENG CHARMED 21.5 GPA: 0.00 SUNTER 1995 HED 13 <tr< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		-						
HUBID 516 P-BIDCHEM 1-A 4.0 5 HUBID 516 P-STS HU BEAN 1-A 1.0 CR GTR ATTEMPTED: 23.0 EARNED: 23.0 GPA: 0.00 GTR ATTEMPTED: 24.5 EARNED: 24.5 GPA: 0.00 GUARTER COMMENT: HUBID 512 CLEARED BY RE-EXAN. GOB CLEARED BY RE-EXAN. WINTER 1093 MED 11 CONJ 520 CLEARED BY RE-EXAN. GOB CLEARED BY RE-EXAN. WINTER 1093 MED 11 S GOB CLEARED BY RE-EXAN. WINTER 1093 MED 11 S GOB CLEARED BY RE-EXAN. WINTER 1093 MED 11 S GOB CLEARED BY RE-EXAN. WINTER 1093 MED 11 S GOB CLEARED SY RE-EXAN. WINTER 1093 MED 11 S ANTONY AND ANTOPSY 1.0 S MUBID 521 P-LINT FAM MED PRCPT 2.5 S MED 655 P-CL CLEARSHIPS 24.0 GAR ATTEMPTED: 24.0 CARNED: 24.0 HUBID 522 P-INTRO CLIN MED 2.0 S MED 655 P-CLIN CLEAREMIPS 24.0 S GTR ATTEMPTED: 24.0 CARNED: 24.0 S HUBID 524 P-BIDCHIDLOGY 2.0 S REHAB 665 P-CLIN CLEAREMIP 12.0 S S S HUBID 535 P-HEND FLORING MED 11 S GTR ATTEMPTED: 24.0 CARNED: 24.0 S S		-						
HUBID 516 P-SYS HU BERAV 1-A 3.0 H HUBID 501 INTRIT LEALTH ED 1.0 CR OTR ATTEMPTED: 23.0 EARNED: 23.0 GPA: 0.00 GTR ATTEMPTED: 24.5 EARNED: 24.5 GPA: 0.00 QUARTER COMMENT: SIM INTER 1993 NS IN HUBID 512 CLEARED BY RE-EXAM. OB GY 668 P-0B GT CLEAK SPOK WINTER 1993 MED 11 CONJ 520 ANATOMY AND AUTOPSY 1.0 S SIM INTER 1993 MED 11 CONJ 520 P-CELL&TISS RESPONS 6.0 S HUBIO 522 P-INTRO INHUNOLOGY 2.0 S HUBIO 522 P-INTRO INHUNOLOGY 2.0 S HUBIO 524 P-BIDEMIOLOGY 2.0 S HUBIO 530 P-EDIDEMIOLOGY 2.0 S HUBIO 531 P-HEAD, NECK & ENT 5.0 N GTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 SPRING 1995 MED 13 HUBIO 532 P-INTRO INHUNOLOGY 2.0 S HUBIO 531 P-HEAD, NECK & ENT 5.0 N GTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 SPRING 1995 MED 11 HUBIO 532 P-INTRO INHUNOLOGY 2.0 S HUBIO 531 P-HEAD, NECK & ENT 5.0 N HUBIO 532 P-NERO 1995 MED 11 HUBIO 534 P-NEICAL ENANCE & 2.0 S SUMMER 1995 H		-					S	
UCONJ SOI INTRUTL HEALTH ED 1.0 CR OLARTER COMMENT: 03.0 GAR ATTEMPTED: 23.0 GARNED: 23.0 GAR: 0.00 OLARTER COMMENT: WINTER 1905 MED 11 NS IN HUBIO 512 CLEARED BY RE-EXAM. WINTER 1905 MED 11 OULATER COMMENT: NS IN HUBIO 512 CLEARED BY RE-EXAM. WED 12 WINTER 1905 NED 11 08 GY 668 P-08 GY CLERK SPOK 12.0 H CONJ 520 ANATOMY AND AUTOPSY 1.0 S ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 AUTUNN 1994 MED 13 HUBIO 521 P-INT FAM HED PRCPT 2.5 S MED 665 P-0B GY CLERK SPIRE 24.0 GPA: 0.00 NUBIO 522 P-INTRO CLIN MED 2.0 S MED 13 MED 13 HUBIO 524 P-BIOCHEM I-B 1.0 M SURG 665 P-CLIN CLERKSHIP 12.0 S MITTEN 1995 MED 13 HUBIO 531 P-INTRO INMUNDLOGY 2.0 S SPRING 1995 MED 13 SURG 665 P-CLIN CLERKSHIP 12.0 S SURG 665 P-CLIN CLERKSHIP 12.0 H SURG 665 P-CLIN CLERKSHIP 12.0 S SURG 665 P-CLIN CLERKSHIP 12.0 H SURG 665 P-CLIN FARED 140 GPA: 0.00 STO F MA DEPT OF HEALTM 4.0 S <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td>							S	
OTR ATTEMPTED: 23.0 EARNED: 23.0 GPA: 0.00 QUARTER COMMENT: NS IN HUBIO 512 CLEARED BY RE-EXAM. NS IN HUBIO 512 CLEARED BY RE-EXAM. OB GY 668 P-DED GEN CLESHIP 12.0 H UINTER 1993 MED 11 CONJ 520 AMATOMY AND AUTOPSY 1.0 S FAMED 501 P-INT FAN NED PRCPT 2.5 S HUBIO 520 P-CELLETISS RESPONS 6.0 S HUBIO 521 P-HATRO INMUNOLOGY 2.0 S HUBIO 522 P-INTRO INMUNOLOGY 2.0 S HUBIO 524 P-BICCHEM I-B 3.0 S HUBIO 526 P-STS HU BEN I-B 3.0 S HUBIO 526 P-STS HU BEN I-B 1.0 H OTR ATTEMPTED: 24.0 GPA: 0.00 SPRING 1993 MED 11 PHOBIO 530 P-EPIDEMINLOGY 2.0 S HUBIO 531 P-HEAD NECK & ENT 5.0 H MUBID 534 P-HIS INF DIS 1-B 2.0 S MUBID 535 P-INFOLONGY 2.0 S NUBID 535 P-INFOLONG								0
NS TH HUBIO 312 CLEARED BY RE-EXAM. PEDS 663 P-PED GEN CLESHIP 12.0 H UINTER 1993 NED 11 CON J 520 ANATOMY AND AUTOPSY 1.0 S S FAMED 501 P-INT FAN KED PRCPT 2.5 S OR ANTOMY AND AUTOPSY 1.0 S S HUBIO 520 P-CELL&TISS RESPONS 6.0 S NED 665 P-CC CLERK SHOPS 24.0 GPA: 0.00 NED 665 P-CC CLERKSHIPS 24.0 S HUBIO 521 P-INTRO CLIM MED 2.0 S NED 665 P-CC CLERKSHIPS 24.0 GPA: 0.00 NED 665 P-CC CLERKSHIPS 24.0 GPA: 0.00 WINTER 1995 NED 13 NED 665 P-CC CLERKSHIPS 24.0 GPA: 0.00 NED 665 P-CLI CLEARSHIPS 24.0 GPA: 0.00 GTR ATTEMPTED: 21.5 GPARED: 21.5 GPAR: 0.00 OTR ATTEMPTED: 12.0 S NED 11 HUBIO 520 P-INTRO INHUMOLOGY 2.0 S NED 11 SURG 665 P-CLI N CLEARSHIP 12.0 S HUBIO 531 P-HEAD, NECK & ENT 5.0 H NED 11 SURG 666 P-CLI N CLEARSHIP 12.0 H HUBIO 532 P-INERVOUS SYSTEM 6.0 S SURG 666 P-CLI N CLEARSHIP 12.0 H NED 13 HUBIO 535 P-INTRO CLIM MED 4.0 S SURG 666 P-CLI N CLEARSHIP 12.0 H NED 13 HUBIO 535 P-INTRO CLIM MED 4.0 S SURMER 1995 MED 14 FAMED 678 P-CLI KANIP PSCI 2.0 GPA: 0.00 MHE 511 P-NEDICAL ETHICS 1.0 CR /1 NED 671 P-ADV PRCEP U S 8.0 H NED 678 P-CLIN LEARNED: 24.0 GPA: 0.00 MHE 511 P-NEDICAL ETHICS 1.0 CR /1	QTR ATTEMPTED: 23.0 EARNED: 23.0 GP							
WINTER 1993 MED 11 CONJ 520 AMATOMY AND AUTOPSY 1.0 S FAMED 501 P-INT FAM MED PRCPT 2.5 S HUBID 520 P-INT FAM MED PRCPT 2.5 S HUBID 520 P-INT FAM MED PRCPT 2.5 S HUBID 520 P-INTRO CLIN MED 2.0 S HUBID 522 P-INTRO LIN MED 2.0 S HUBID 522 P-INTRO LIN MED 2.0 S HUBID 522 P-INTRO LIN MED 2.0 S HUBID 524 P-BIOCHEM I-B 3.0 S HUBID 526 P-STS NU BER I-B 1.0 N GTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 GTR ATTEMPTED: 16.0 EARNED: 16.0 GPA: 0.00 SPRING 1993 MED 11 S SPRING 1995 MED 13 HUBID 530 P-EDIDEMIDLOGY 2.0 S S S S S <				447				
UINTER 1993 MED 11 GTR ATTEMPTED: 24.0 GPA: 0.00 CONJ 520 ANATOMY AND AUTOPSY 1.0 S AUTUMN 1994 MED 13 HUBIO 520 P-INT FAM RED PRCPT 2.5 S AUTUMN 1994 MED 13 HUBIO 521 P-INT FAM RED 2.0 S OTR ATTEMPTED: 24.0 GPA: 0.00 HUBIO 522 P-INTRO MUNDLOGY 2.0 S MED 655 P-CL CLERKSNIPS 24.0 GPA: 0.00 HUBIO 522 P-INTRO IMMUNDLOGY 2.0 S MED 13 MINTER 1995 MED 13 HUBIO 526 P-STRING 1993 MED 11 S S GTR ATTEMPTED: 16.0 GARNED: 16.0 GARNED: 16.0 GARNED: 13 MINTER 1995 MED 13 HUBIO 531 P-HEAD, NECK & ENT 5.0 H <td< td=""><td>NS IN MUBIO 512 CLEARED BY RE-EXAM.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	NS IN MUBIO 512 CLEARED BY RE-EXAM.							
FAMED 501 P-1NT FAM MED PRCPT 2.5 S HUBIO 520 P-CELLATISS RESPONS 6.0 S MED 13 HUBIO 521 P-HST INF DIS I-A 4.0 S OTR ATTEMPTED: 24.0 GAR. 0.00 HUBIO 522 P-INTRO TIMMOLOGY 2.0 S WINTER 1995 MED 13 HUBIO 522 P-INTRO TIMMOLOGY 2.0 S WINTER 1995 MED 13 HUBIO 524 P-BIOCHEM I-B 1.0 N GTR ATTEMPTED: 21.5 EARNED: 21.5 GAR. 0.00 OTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 OTR ATTEMPTED: 16.0 EARNED: 13.0 S HUBIO 530 P-EFIDEMIDLOGY 2.0 S FAMED 698 P-CLICLK FAMED AWAY 12.0 N HUBIO 532 P-NERAD, NECK & ENT 5.0 N BESCI 660 P-WARI PBSCI CLEXSHP 12.0 N HUBIO 532 P-INTRO CLIN MED 4.0 S S S	WINTER 1993 MED							0
HUBIO 520 P-CELL&TISS RESPONS 6.0 S HUBIO 521 P-INST INF DIS I-A 4.0 S HUBIO 521 P-INTRO INF DIS I-A 4.0 S HUBIO 521 P-INTRO INF DIS I-A 4.0 S HUBIO 522 P-INTRO INF DIS I-A 4.0 S HUBIO 522 P-INTRO INF DIS I-A 4.0 S HUBIO 522 P-INTRO INTRO INTER 1995 NED 13 HUBIO 526 P-STS HU BEH I-B 1.0 N SURG 665 P-CLIN CLERKSNIP 12.0 S NUBIO 530 P-EDIDEMIDIOGY 2.0 S NED 13 NED 13 HUBIO 531 P-HERVOUS STETH SO S NED 13 NED 13 NED 13 HUBIO 534 P-HERVOUS STEH 10.0 S S S S NED 14 NED 14 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>47</td> <td></td>							47	
HUBIO521P-HSTINFOI		-		665				
HUBIO 522 P-INTRO CLIN MED 2.0 S NED 13 HUBIO 522 P-INTRO IMMUNOLOGY 2.0 S NED 13 HUBIO 526 P-STS HU BEN I-B 1.0 H SURG 665 P-CLIN CLERKSNIP 12.0 S HUBIO 526 P-STS HU BEN I-B 1.0 H SURG 665 P-CLIN CLERKSNIP 12.0 S HUBIO 520 P-FIDOENIDIOGY 2.0 S STOR ATTEMPTED: 21.5 GPA: 0.00 SPRING 1993 MED 11 SPRING 1993 MED 11 HUBIO 530 P-EPIDENIDIOGY 2.0 S FAMED 646 P-CLIK FAMED ANAY 12.0 H HUBIO 530 P-ERIDENIDIOGY 2.0 S MED 11 SPRING 1993 MED 13 HUBIO 532 P-RERVOUS SYSTEM 6.0 S H PBSCI CLCK FAMED ANAY 12.0 H HUBIO 535 P-INTRO CLIN MED 4.0 S S SUMMER 1995 MED 14 HUBIO 535 P-INTRO CLIN MED 1.0 CR /I FAMED 671 P-ADV PRCEP U S 8.0 H </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td>		-						0
HUBIO 524 P-BIOCHEM I-B 3.0 S HUBIO 524 P-STS HU BEH I-B 1.0 H HUBIO 526 P-STS HU BEH I-B 1.0 H HUBIO 526 P-STS HU BEH I-B 1.0 H HUBIO 530 P-EPIDENIOLOGY 2.0 S HUBIO 531 P-HEAD, WECK & ENT 5.0 H HUBIO 532 P-NERVOUS SYSTEM 6.0 S HUBIO 535 P-INTRO CLIM HED 4.0 S HUBIO 536 P-CHIENDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 HHE S11 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 HIE S11 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 HIE S11 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 HIE S11 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 HIE S11 P-MEDICAL ETHICS 1.0 CR /I LAB M 680 P-CLIM LAB TEST 4.0 H MED 678 P-CLIM DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 +** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal.		-						
HUBIO 526 P-SYS HU BEH 1-B 1.0 H SURG 665 P-CLIN CLERKSHIP 12.0 S OTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 SPRING 1993 MED 11 FAMED 698 P-CLIN CLERKSHIP 12.0 S HUBIO 530 P-EPIDEMIOLOGY 2.0 S FAMED 698 P-CLIK FAMED AWAY 12.0 H HUBIO 531 P-HEAD, NECK & ENT 5.0 H PBSCI 666 P-WANI PBSCI CLISHP 12.0 H HUBIO 532 P-HERVOUS SYSTEM 6.0 S GTR ATTEMPTED: 24.0 GPA: 0.00 HUBIO 534 P-HERVOUS SYSTEM 6.0 S SUMMER 1995 MED 14 HUBIO 535 P-INTRO CLIN MED 1.0 CR /I GTR ATTEMPTED: 20.0 GPA: 0.00 MHE 511 P-MEDICAL ETHICS 1.0 CR /I FAMED 678 P-CLIN LAB TEST 4.0 H QTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 GTR ATTEMPTED: 24.0 GPA: 0.00 MHE 511 P-MEDICAL ETHICS 1.0 CR /I FAMED		-						
QTR ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00 SPRING 1993 MED 11 HUBIO 530 P-EPIDEMIDLOGY 2.0 S HUBIO 531 P-HEAD, NECK & ENT 5.0 H HUBIO 532 P-MERVOUS SYSTEM 6.0 S HUBIO 535 P-HEAD, NECK & ENT 5.0 H HUBIO 532 P-MERVOUS SYSTEM 6.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S MHE 511 P-MEDICAL ETHICS 1.0 CR /I GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 FAMED 671 P-ADV PRCEP U S 8.0 H MHE 511 P-MEDICAL ETHICS 1.0 CR /I LAB M 680 P-CLIN LAB TEST 4.0 N GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 MED 678 P-CLIN LAB TEST 4.0 N MED 678 P-CLIN DERMATOLOGY 8.0 H 0PHTH 682 P-OPHTH CLERKSNIP 4.0 S GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. NOPMIN ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 This official university transcript does not require a raised seal. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
HUBIO 530 P-EPIDEMIDLOGY 2.0 S HUBIO 531 P-HEAD, NECK 2 ENT 5.0 H HUBIO 532 P-HERVOUS SYSTEM 6.0 S HUBIO 534 P-HIS INF DIS 1-B 2.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S HUBIO 536 P-MEDICAL ETHICS 1.0 CR /I GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 HUBIO 578 P-CLIN LAB TEST 4.0 H MED 678 P-CLIN LAB TEST 4.0 H MED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 622 P-OPHTH CLERKSHIP 4.0 S GTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal.		A: 0.00	l I	QTR	ATTEMPTED: 16.0 EARNEI	D: 16.0 (GPA: 0.0	0
HUBIO 530 P-EPIDEMIDLOGY 2.0 S HUBIO 531 P-HEAD, NECK 2 ENT 5.0 H HUBIO 532 P-HERVOUS SYSTEM 6.0 S HUBIO 534 P-HIS INF DIS 1-B 2.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S HUBIO 536 P-MEDICAL ETHICS 1.0 CR /I GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 HUBIO 574 P-ADV PRCEP U S 8.0 H LAB M 680 P-CLIN LAB TEST 4.0 H MED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S GTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal.	SPOING 1003 MED	11			SP21NG 1995	MED	13	
HUBIO 532 P-NERVOUS SYSTEM 6.0 S HUBIO 534 P-HIS INF DIS 1-B 2.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S MHE 511 P-MEDICAL ETHICS 1.0 CR /I GTR ATTEMPTED: 20.0 EARNED: 20.0 GTR ATTEMPTED: 20.0 EARNED: 20.0 GTR ATTEMPTED: 20.0 CR /I FAMED 671 P-ADV PRCEP U S 8.0 H GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 MED 678 P-CLIN LAB TEST 4.0 N MED 678 P-OPHTH CLERKSHIP 4.0 S OPHTH 682 P-OPHTH CLERKSHIP 4.0 S GTR ATTEMPTED: 24.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYM			AMED	698		12.0		
HUBIO 534 P-HIS INF DIS 1-B 2.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S HUBIO 535 P-INTRO CLIN MED 4.0 S MHE 511 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 HED 678 P-CLIN LAB TEST 4.0 H NED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1974, information from the	· · · · · · · · · · · · · · · · · · ·							•
HUBIO 535 P-INTRO CLIN MED 4.0 S MHE 511 P-MEDICAL ETHICS 1.0 CR /I QTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 LAB M 680 P-CLIN LAB TEST 4.0 H MED 678 P-CLIN DERMATOLOGY 8.0 H MED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 S *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. OF WA DEPT OF HEALTH This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH This official university transcript does not require a raised seal. OLYMPIA, WA 98504 Van Johnson In accordance with the Family Educational Rights and Privecy Act of 1876, information from the		-	,	QTR	ATTEMPTED: 24.0 EARNEI	0: 24.0	GPA: U.U	U
MHE 511 P-MEDICAL ETHICS 1.0 CR /I GTR ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00 FAMED 671 P-ADV PRCEP U S 8.0 H LAB N 680 P-CLIN LAB TEST 4.0 H MED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S OPHTH 682 P-OPHTH CLERKSHIP 4.0 S OPACHENT GTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 **** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. OF WA DEPT OF HEALTH ATTN BETTY ELLIGIT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 Mommuna In accordance with the Family Educational Rights and Privacy Act of 1976, Information from the Van Johnson					SUMMER 1995	MED	14	
NED 678 P-CLIN DERMATOLOGY 8.0 H OPHTH 682 P-OPHTH CLERKSHIP 4.0 S GTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 *** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. This official university transcript does not require a raised seal. In accordance with the Family Educational Rights and Privacy Act of 1976, Information from this In accordance with the Family Educational Rights and Privacy Act of 1976, Information from this	MHE 511 P-MEDICAL ETHICS 1.0							
ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, Information from this	GTR ATTEMPTED: 20.0 EARNED: 20.0 GP							
QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00 **** CONTINUED ON PAGE 2 *** This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, information from this								
This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, Information from this		-						0
This official university transcript does not require a raised seal. ST OF WA DEPT OF HEALTH ATTN BETTY ELLIOTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, Information from this								
ST OF WA DEPT OF HEALTH ATTN BETTY ELLIQTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, information from this	RECIPIENT					,		
ST OF WA DEPT OF HEALTH ATTN BETTY ELLIGTT/BOX 47866 100 SE QUINCE ST OLYMPIA, WA 98504 In accordance with the Family Educational Rights and Privacy Act of 1976, information from this			I NIS ON		university transcript doe	is not req	puire a rais	sed seal.
In accordance with the Family Educational Rights and Privacy Act of 1974, Information from this Van Johnson		1.	KY.OF					
In accordance with the Family Educational Rights and Privacy Act of 1974, Information from this Van Johnson			0/25			$\gamma \prime$		I
In accordance with the Family Educational Rights and Privacy Act of 1974, Information from this Van Johnson			SI ATT	TTA		Hom	m/	
In accordance with the Family Educational Rights and Privacy Act of 1974, Information from this Van Johnson			1915		S 7/	/		
in accordance with the Family concludents and Physics act of 1974, information from this			No.		Van	Johnson		
	In accordance with the Family Educational Rights and Privacy Act of 1974, infor- transcript may not be released to a third party wilhout written consent of the stu-	nalion from this dent. i (Accorio	te Registi	rar	

EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

UNIVERSITY OF WASHINGTON Office of the Registrar Box 355850 Seattle, Washington 98195 (206) 543-5378

UoW 1592 (rev. 5/97)

AUTHENTICATION OF THIS TRANSCRIPT:

A transcript is official when it bears the facsimile signature of the Associate Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Associate Registrar's signature is black. Further authentication may be obtained by calling the UW Transcript Office at (206) 543-5759. If photocopied, the word COPY will appear in the background. Alterations to the transcript will result in brown stains and/or white areas.

ACADEMIC CALENDAR:

The academic year is comprised of three guarters - autumn, winter, spring - each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (Incomplete); N (satisfactory without grade); S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis). for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only): W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduates and autumn 1997 for graduate and professional students. W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); 'W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses and "W" designate writing courses.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:

4.0-3.9 (A), 3.8-3.5 (A-). 3.4-3.1 (B+), 3.0-2.9 (B), 2.8-2.5 (B-). 2.4-2.1 (C+), 2.0-1.7 (C), 1.6-0.0 (E).

SPECIAL SYMBOLS:

A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average but credit will be allowed only once. If the first grade was greater or equal to a 2.0 the second grade does not count in the grade point average and credit is not allowed indicated by a /R. Effective autumn

TRANSCRIPT OF ACADEMIC RECORD The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

EXPLANATORY NOTES

1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Beginning autumn 1987, /R for undergraduates designates a language course initially taken in high school (used for language of admission to the University) and repeated but not allowed credit and not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

EXPLANATION OF GRADE SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:

A (honor); B (good); C (medium); D (poor-low pass): E (fail or unofficial withdrawal); EW (failing work at time of official withdrawal after the first fifteen calendar days of the quarter); PW (passing work at time of withdrawal after the first fifteen calendar days of the quarter); S (passing grade for courses 500 and above and for undergraduate courses taken on a credit/no credit basis where credit is awarded).

SCHOOL OF DENTISTRY:

Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school orades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:

Letter grades: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, 'W, and W.

SCHOOL OF MEDICINE:

Letter grades: H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added.

SCHOOL OF PHARMACY

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7

COURSE LEVEL:

Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:

Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:

The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned. ____ - - - - - - - -

TO TEST FOR AUTHENTICITY: The face of this document has a purple background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT- UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT. UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT.

ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. A black and white document is not an original and should not be accepted as an official document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office at (206) 543-5759.

UNIVERSITY OF WASHINGTON OFFICE OF THE REGISTRAR

THE WORD "COPY" APPEARS WHEN PHOTOCOPIED

ACADEMIC TRANSCRIPT THE WORD "COPY" APPEARS WHEN PHOTOCOPIED A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

STUDENT NAME KUEHE, LAUREL MA	ARIE		High School			HS GRAD	DATE PRINTED 07/22/98	мағ 2	
KUEHL, LAUREL M/ STUDENT ALMEER 3938412	ann afr Mo 1 - DOH Licensee So	ыятнолте 07/15/64	WASHINGTON RESIDENT			^{SEX} FEMALE	TRA1001	PSEUD	
CLASSIFICATION	COLLEGE / WALCA	01713704	CUPPENT STATU			TEMALL			
TH YR PROF	MEDICINE MEDICINE								
COURSE T		CREDITS	GRADE	COURSE	TITLE		CREDITS	GRACE	
* OR ANY COPY	ION OR MODIFICAT Thereof May Con To Student Disc	STITUTE A FELO	NY *						
A	JTUMN 1995	MED	14						
	-ADV PRP WAMI AR -Cl card&electro		H S						
SURG 634 P	TRAUMA&ENERG CA	RE 8.0	н						
W	INTER 1996	MED	14						
	-BASIC ANES CLKS -Neph&fluid Bal		S S						
ORTHP 675 P	PRECEPTRSHP ORT	HP 4.0	S S						
	TEMPTED: 20.0 E		-						
	DEGREE EARNED O	6/07/96							
DOCTOR OF MEDI UW:292.0 TRANS	ICINE SFER: 0.0 EXTEN	SION: 0.0 GP	A: 0.00						
UNULATIVE CRE		******	******						
UW CREDITS AT	TEMPTED 292.0 U	W CREDITS EARN Xtension credi							
UW GRADED ATTI UW GRADED EAR	NED 0.0 T	RANSFER CREDIT							
UW GRADE POIN		REDITS EARNED	292.0						
*************	**** END OF RECO	*************	*******						
			1						
·	<u></u>								
ECPENT					al universi	ty transcript	t does not requ	iire a raised s	eal.
					Se la	1/	$- \sim 1$		
ATTN BETT	DEPT OF HEALTH Y Elliott/box 47	7866			2151	/m	/ John	m	
100 SE QU Olympia,						1010	9		
APTOL 141					Ŷ		Van Johnson		

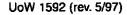
In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.

Low 1592 (Flev. 5/97)

EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

Associate Registrar

UNIVERSITY OF WASHINGTON Office of the Registrar Box 355850 Seattle, Washington 98195 (206) 543-5378



AUTHENTICATION OF THIS TRANSCRIPT:

A transcript is official when it bears the facsimile signature of the Associate Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Associate Registrar's signature is black. Further authentication may be obtained by calling the UW Transcript Office at (206) 543-5759. If photocopied, the word COPY will appear in the background. Alterations to the transcript will result in brown stains and/or white areas.

ACADEMIC CALENDAR:

The academic year is comprised of three quarters - autumn, winter, spring - each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (Incomplete); N (satisfactory without grade); S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduates and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); 'W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses and "W" designate writing courses.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:

4.0-3.9 (A), 3.8-3.5 (A-), 3.4-3.1 (B+). 3.0-2.9 (B), 2.8-2.5 (B-), 2.4-2.1 (C+), 2.0-1.7 (C), 1.6-0.0 (E).

SPECIAL SYMBOLS:

A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average but credit will be allowed only once. If the first grade was greater or equal to a 2.0 the second grade does not count in the grade point average and credit is not allowed indicated by a /R. Effective autumn TRANSCRIPT OF ACADEMIC RECORD The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

EXPLANATORY NOTES

1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Beginning autumn 1987, /R for undergraduates designates a language course initially taken in high school (used for language of admission to the University) and repeated but not allowed credit and not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

EXPLANATION OF GRADE SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:

A (honor); B (good); C (medium); D (poor-low pass); E (fail or unofficial withdrawal); EW (failing work at time of official withdrawal after the first filteen calendar days of the quarter); PW (passing work at time of withdrawal after the first fifteen calendar days of the quarter); S (passing grade for courses 500 and above and for undergraduate courses taken on a credit/no credit basis where credit is awarded).

SCHOOL OF DENTISTRY:

Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981. letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:

Letter grades: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N. *W, and W.

SCHOOL OF MEDICINE:

Letter grades: H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added.

SCHOOL OF PHARMACY

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7

COURSE LEVEL:

Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:

Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:

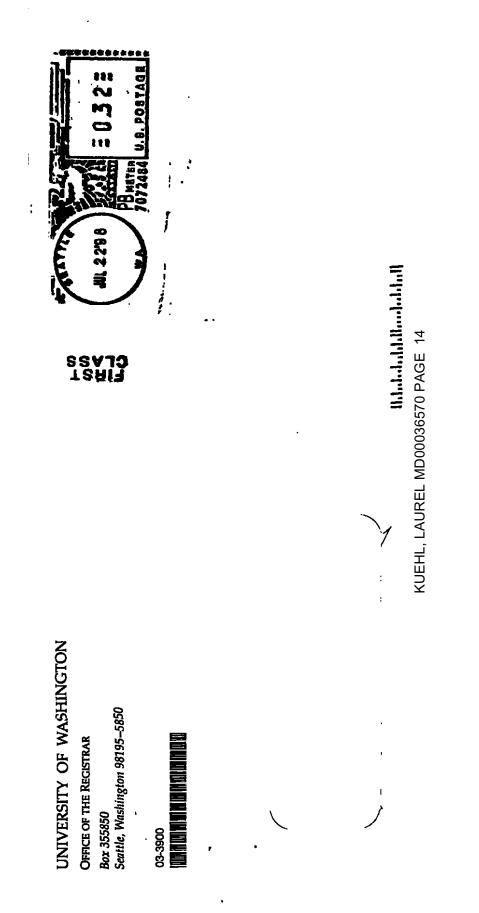
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

TO TEST FOR AUTHENTICITY: The face of this document has a purple background and the name of the institution appears in small print. Apply (resh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT- UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT- UNIVERSITY OF WASHINGTON-UNIVERSITY OF WASHINGTON TRANSCRIPT-

ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. A black and white document is not an original and should not be accepted as an official document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office at (206) 543-5759.



US·MLE
United States
Medical
Licensing
Examination

UNITED STATES MEDICAL LICENSING EXAMINATIONTM

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

ML20005216

STEP 3 SCORE REPORT

MEDICAL BOARD FILE COPY

Kuehi, Laurel Marie

USMLE ID: 4-038-392-9

5231 16th Avenue NE Seattle, WA 98105

Test Date: May 1997

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. Individua licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.		
	This score is determined by your overall performance on Step 3. For recent administrations, the		

208	mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 205 and 18, respectively, with most scores falling between 140 and 260. A score of 177 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is approximately five points.
-----	---

	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
84	is equivalent to a score of 177 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [‡] for this scale is approximately one and a half points.

[‡]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.

ØĦ	Iealth	MD
۲ م	O: Post-Graduate Training Program Director University of Washington Funity Medicine Residency FACILITY NAME 4245 ROOSEVELT Way NE	<u>Л</u> г.
	ADDRESS Seattle, WIA 98105.	JUN 26 1998
R	E: Verification/Evaluation of Training	Section 5

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.**

Laurel KUEHL	07:15-64
Church Krell	
TURE OF APPLICANT	
LALIREL KUEHL	(is) or was engaged in post-graduate training in our progra
Irom	6 to to ENDING DATE (MONTH & YEAR)
in the field of <u>FAMILY WED IC</u>	
Briefly evaluate his/her performance, c	competence and conduct. (Please attach copies of any perfor
	ELLENT RESIDENT - NO CONCERNS
<u> </u>	· · · · · · · · · · · · · · · · · · ·
······	
Was the participant ever restricted, su	
ι	ispended, terminated or requested to voluntarily resign his/ho
ι · · · · · · · · · · · · · · · · · · ·	s 🖸 No If yes, please explain
participation in the program?	s 🖸 No II yes, please explain
participation in the program?	s I No If yes, please explain
participation in the program?	s I No If yes, please explain
s there anything in the participant's fill practice medicine?	s I No If yes, please explain
participation in the program?	s I No If yes, please explain
participation in the program?	s I No If yes, please explain
Participation in the program? Yes	s I No If yes, please explain
Participation in the program? Yes Is there anything in the participant's fil practice medicine? Yes Z No If We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street	s I No If yes, please explain
Participation in the program? Yes Is there anything in the participant's fil practice medicine? Yes Z No If We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866	s I No If yes, please explain
Participation in the program? Yes Is there anything in the participant's fil practice medicine? Yes Z No If We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street	s I No If yes, please explain
A participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes Z No If We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866	s I No If yes, please explain
Participation in the program? Yes Is there anything in the participant's fil- practice medicine? Yes Z No If We would appreciate any further documentation 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	I I No If yes, please explain
Participation in the program? Yes Is there anything in the participant's fil practice medicine? Yes Z No If We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866	s I No If yes, please explain

DOH 657-034 (Rev. 2/95)

,



TO:	Post-Graduate Training Program Director University of Washington Family Medicine Residency	4. ^D ,	
	4245 Roosevelt Way NE	THE LOT DE	DEL
	Seattle, WA 98105.		JUN 26 10
RE:	Verification/Evaluation of Training	70	Section 5

MD

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.**

Laurel KUEHL	07.15-64
Wirel Kiel	BIRTHDATE
NATURE OF APPLICANT	
trom 6-25-98	(is) or was engaged in post-graduate training in our program
BEGINNING DATE (MONTH & YEAR)	
	competence and conduct. (Please attach copies of any perfor-
	ELENT RESIDENT - NO CONCERNS
• • • • • • • • • • • • • • • • • • •	ispended, terminated or requested to voluntarily resign his/her
participation in the program?	S CI NO If yes, please explain
participation in the program?	ie which would indicate he/she would be unable to safely
participation in the program?	S CI NO If yes, please explain
participation in the program? Is there anything in the participant's fill practice medicine? Yes Yes Yes	ie which would indicate he/she would be unable to safely
participation in the program? Is there anything in the participant's fill practice medicine? Yes Yes Yes	ie which would indicate he/she would be unable to safely f yes, please provide documentation.
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation Fleturn to: Medical Quality Assurance Commission	ie which would indicate he/she would be unable to safely if yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866	I No If yes, please explain I which would indicate he/she would be unable to safely f yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation Fleturn to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866	ie which would indicate he/she would be unable to safely if yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation Heturn to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866	I No If yes, please explain I which would indicate he/she would be unable to safely if yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation 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	is I No If yes, please explain is which would indicate he/she would be unable to safely if yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature
participation in the program? Yes Is there anything in the participant's fill practice medicine? Yes We would appreciate any further documentation Heturn to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866	is INO If yes, please explain is which would indicate he/she would be unable to safely if yes, please provide documentation. In you feel would assist in the evaluation process. Thank you. Signature

July 30, 1998

•

.

U of Washington Family Medicine Residency 4245 Roosevelt Way NE Seattle, WA 98105

Dear Residency Coordinator

Please correct dates and return form.

.

.

.

Thank You

Betty Elliott

18 05-26-98 18 12:27:06 PM IRENCE # ML20005216 SEC NUM 7-DOM LIENTED Social Social Numb ON		+ 	 06-25-1 05-22-1	T BEXTD NOT
SS IIIIIIIIII SSS IIII SSS III SSS III SSS III SYSTEMS, INC. V2.5.18 12 (JR,SR,III) REFERENCE # ML SOC SEC NUM +-ADDITIONAL INFORMATION	GERMANY	0.00 REQD BY	EWAL DATE:	70THR DAT 8EXTD
SS IIIIIIIIIIII SSS IIIIIIIIIII SSS III SYSTEMS, INC. SYSTEM (JR,SR,III) +-ADDITIONAL INFO	HER NAME OFFICER ACCOUNT TH PLACE	DATE U.		VESTG 6
AA SSSSSS AA SSS SSS AA SSS SSS AA SSS SSS	OT CORP. TRUST BIR	17 SCH	DATE: DATE: DATE: DATE:	4LIC FUNC SINVESTG
AAAAA AAAAAAA AAAAAAA ASS ASS ASS	ION	COUNTY: LGL ST:	EXPIRA EXPIRA AST AC	EDUCATE
MEDICAL BOARD bje1303 INDIVIDUAL NAME LAST KUEHL FIRST LAUREL MIDDLE M	RESIDENCE INFORMATION U OF WASHINGTON BOX 356340 SEATTLE, WA 98195	· ·		1GO BACK 2NAM&ADDR 3
MEDICAL BOARD bje1303 INDIVIDUAL NA LAST KUEHL FIRST LAURE MIDDLE M	RESIDENCE U OF WASHI BOX 356340 SEATTLE, W	PHONE : NOTES	CURRENT STAT CURRENT STAT RENEWAL STAT COMPLAINTS O	1GO BACK

.

•

•

Health

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

1000



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

Date:

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:	Laurel	<u>M</u>	KUEHL	<u> </u>	<u> </u>
SSN:	- DOH Licensee Social Sec	curity Number - RC	· · ·		
				U Washir	igton
	OF GRADU				
BIRTH	DATE: _0	7-15-1	64		•

RESPONSE:

WE RAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

MAY 1 9 1998

James R. Mini, M.S.

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

DOH 657-072 (Rev. 02/96))

Physicians dedicated to the health of America

American Medical Association

THEFT

Physician Profile Service

515 North State Street Chicago, Illinois 60610 Division of Survey and Data Resources Department of Data Services

Name and Address:

LAUREL MARIE KUEHL MD UWMC ROOSEVELT 4245 ROOSVELT BOX 354775 SEATTLE WA 98105 USA Phone:UNKNOWNBirthdate:07/15/1964Birthplace:TUBINGEN



4. . .

Wa

Physician's Major Professional Activity: RESIDENT

Self Designated Practice Specialties (SDPS):

Primary:	FAMILY PRACTICE
Secondary:	UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources -

Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195 (VERIFIED)

Year of Graduation: 1996 (VERIFIED)

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

Institution: UNIV OF WA SCH OF MED

Specialty : FAMILY PRACTICE

State: WASHINGTON 06/1996 - 06/1999 (VERIFIED)

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

License(s) :	MD/	Date	Expiration		License	Last
State	DO	Granted	Date	Status	Туре	Reported

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. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

NONE REPORTED TO DATE

AMA Files Checked 6/7/98 18:51:49

Profile for: Laurel Marie Kuehl MD © 1998 by the American Medical Association 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.

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

Fhysicians 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

ECFMG Certfication:

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:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

Note: Many states require their own controlled substances registration/license. Please check with your state llcensing 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 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 ADMINSTRATION 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 (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 return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, II 60610.

AMA Files Checked 6/7/98 18:51:49

Profile for: Laurel Marie Kuehl MD [©] 1998 by the American Medical Association Page 2 of 2

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.

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.

...



STATE OF WASHINGTON DEPARTMENT OF HEALTH 1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

May 29, 1998

Laurel Kuehl, MD 5231 16th Ave NE Seattle, WA 98105

Dear Dr Kuehl

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 May 18, 1998

Items Missing:, Post Graduate Training Verification-(please do not submit until program has ended) and Americian Medical Association and Medical School Transcripts

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 3 to 5 working days for routine applications, 14 to 30 working days for applications considered non-routine that must be reviewed by a Commission Member, or if your application contains negative information, it may need to be reviewed by the Full Commission at a Commission meeting for final disposition.

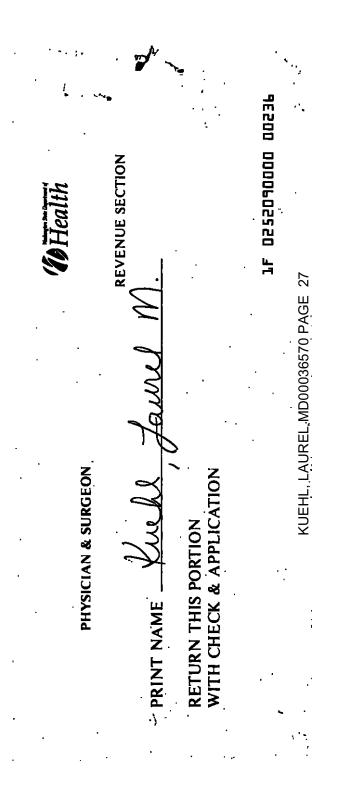
If you have any questions, please feel free to contact me at (360) 753-2844.

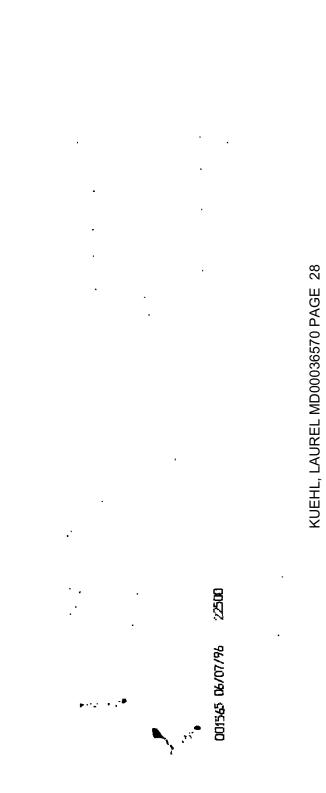
Sincerely,

Betty Elliott, Program Representative ocard of medical examiners

KUEHL, LOUVEL	an Application Worksheet 6-7-96
NAME - 15-64 DATE OF BIRTH	DATE APPLICATION COMPLETED
Fee V Photo	Personal Data Aids Affidavit
Residency Fellowship	Teaching/Research Institutions City/County
Positive Data Questions,,,	Documentation Received
Chronology Completed Missing Dat	etes to , to to
	STROPSIS COMPLANT DISPOSITION
CASE 1 NAME:	6/96 AMA
CASE 2 NAME:	ECFMG
Medical School 🛛 U.S.	Canadian International Fifth Pathway
MEDICAL SCHOOL NUME U/ASh para 0	Transcript Translations YEAR OF DEGREE 1996
	USMLE State Exam LMCC Scores Received
POSTGRADU	ATE TRAINING PROGRAM
STA	ATE LICENSURE
HOSPI	PITAL PRIVILEGES
	·
	/PROGRAM VERIFICATION
696 U.WA	
STAFF DECISION	
	LICENSURE Mule Weber 6/3/96.
COMMENTS:	;

.





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

JUN 07 1996

HEALTH PROFESS GWS SECTION 5

APPLICATION FOR LIMITED 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.

Limited license application is made in conjunction with employment in (check one):

🗋 Institutional 🔲 Fellowship - 2 Year Limit 🕑 Internship-Residency 🔲 County-City Health Department 🔲 Teaching-Research - 2 Year Limit

	<u> </u>	Fo	r Office Use Only	
Certificate No.	5216	Issue Date.	61251.96	Expiration Date
			Turne or Delat Alegada	
		P18888	Type or Print Clearly	
Applicant's Name	KUEH	L	LAUREL	
Name of Institution/h	lealth Dept/Medica	I School/Hos	pital University of Med	of Washington-School
Address <u>523</u>	16th Ave	NE	· .	
city Seattle			StateWA	zip 98105County
Telephone 206- ENTER THE REACHED	524-6016 : NUMBER AT WHICH YOU CA DURING NORMAL BUSINESS I	NBE	cial Security Number	- DOH Licensee Social Security Number ESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN UNTARY AND NOT REQUIRED FOR LICENSING APPROVAL
				bingen, Germany city STATE COUNTY
Medical Speciality	V			· · · · ·
Medical School Attend	ded <u>Univ</u>	ersity Ma	of Washing	Ton Year of Graduation 1996
List other name(s) t	hat appear on docu	iments or cre	Identials None	
Have you previously	y applied for a Was	hington State	License or limited license	9? □ Yes 12⁄No

DOH 657-056 (Rev. 3/96) Page 1 of 4

KUEHL, LAUREL MD00036570 PAGE 29

		Yes	No
.	. 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.		Ū
	"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 scierosis, 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 medica- tions).		
	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.		
n n	you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will ake an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing edical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license hould 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 profes- sion 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 prescrip- tion 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.		
	ou must answer "yes" to any of the remaining questions, provide an explanation and copies of all gments, decisions, orders, agreements and surrenders.		
5.	Have you ever been convicted, entered a plea of guilty, noto contendere, or a plea of similar effect, or had prosecu- tion 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?		
	 a charge of a set offense if 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 of legend drugs, violated any drug laws, or 		Ð
	prescribed controlled substances for yoursel? 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 judgements, decisions, and agreements.		4-
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
9.	Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malprac- tice in connection with the practice of a health care profession?		7

DOH 657-020 (Rev. 3/96) Page 2 of 4

•

ĊГ

PERSONAL DATA QUESTIONS (Continued)						
PERSONAL DATA QUESTIONS (Continued)	*	•			Yes	No
10. Have you ever had hospital privileges, medical so revoked, suspended, restricted or denied?	ciety, other prot	fessional soc	iety or orga	nization membership		0
11. Have you ever been the subject of any informal or cine?	r formal disciplir	nary action re	elated to the	practice of medi-		P
12. To the best of your knowledge, are you the subject this application?	ct of an investig	ation by any	licensing bo	ard as of the date of		P
13. Have you ever agreed to restrict, surrender, or res	sign your practio	ce in lieu of c	or to avoid a	dverse action?		U
Identification					1.11.11	
неіднт 5'7" weight 125 lbs.		-			alicera	
COLOR OF EYES COLOR OF HAIR blue blonde		1		tograph Here		
				Sign in Ink Across	the	
			0	hotograph		
	19.71	1	NIX	oh Must Be:		
				y		
			12	of Application		
				aphs Not Accepta	ble	
					and a search and the	- Constant
			1			
Provide a chronological listing of your educational prep Schools Attended	aration and pos	-	raining. (atta	Diploma or Degr	ee Obta	ained
Provide a chronological listing of your educational prep		-			ee Obta al langu	ained lage an
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of	Dates A	ttended	Diploma or Degr (Quote titles in origin	ee Obta al langu	ained lage an
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Medical Education (List all Medical Schools Attended)	Number of	Dates A	ttended	Diploma or Degr (Quote titles in origin	ee Obta al langu	ained lage an
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Iedical Education (List all Medical Schools Attended)	Number of	Dates A From (mo/yr)	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to f	ee Obta al langu	ained lage an
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	Dates A From (mo/yr)	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to f	ee Obta al langu	ained lage an
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Redical Education (List all Medical Schools Attended) University of Washington	Number of	Dates A From (mo/yr)	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to f	ee Obta al langu	ained lage an
(Location if other than U.S., quote names of schools in	Number of	Dates A From (mo/yr)	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to f	ee Obta al langu	ained lage an
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) edical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended)	Number of	Dates A From (mo/yr)	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to f	ee Obta al langu	ained lage ar
Provide a chronological listing of your educational preports Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) (Location (List all Medical Schools Attended) (Location (List all Medical Schools Attended) (Location (List all Medical Schools Attended) (Location (List all Programs Attended) (List all Programs Attended) (Driversity of Washington) (Driversity of Washington) (Driversity of Washington) (Driversity of Washington) (Driversity of Washington)	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E	ee Obta al langu English.)	activitie
Provide a chronological listing of your educational preport Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Indical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience reconsted under other sections, Identify any periods of time	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i Dates of	ee Obta al langu English.)	activitie y.)
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) edical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended)	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i	ee Obta al langu English.)	activitie
Provide a chronological listing of your educational preport Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Indical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience reconsted under other sections, Identify any periods of time	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i Dates of	ee Obta al langu English.)	activitie y.)
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Medical Education (List all Medical Schools Attended) University of Washington Prost-Graduate Training (List all Programs Attended)	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i Dates of	ee Obta al langu English.)	activitie
rovide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) redical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended) ROFESSIONAL EXPERIENCE In chronological order list all professional experience redisted under other sections, Identify any periods of time	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i Dates of	ee Obta al langu English.)	activitie y.)
Provide a chronological listing of your educational prep Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.) Idedical Education (List all Medical Schools Attended) University of Washington ost-Graduate Training (List all Programs Attended) PROFESSIONAL EXPERIENCE In chronological order list all professional experience red sted under other sections, Identify any periods of time	Number of Years Attended	Dates A From (mo/yr) 9/92	ttended To (mo/yr)	Diploma or Degr (Quote titles in origin translate to B M.D hool to the present. (E onal 8 1/2 X 11 inch sheets i Dates of	ee Obta al langu English.)	activitie

DOH 657-056 (Rev. 3/96) Page 3 of 4

		f Hospital	•					tes
(For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)						Beginning	(mo/yr)	Ending (mo/
······································								
					_			
ICENSES IN OTHER STAT		_						
st all licenses to practice med	licine in any state,	Canadian p	province or othe	r Country. (inch	ude whethe	r active or ine	active.)	
State, County or Province	Date	License	Basis of I	licensure	Status o	f License	Any	Limitations on
	License issued	Number	(Date Passed)	Endorsement	Active o	r Inactive		License
FTH PATHWAY (Foreign	Trained Applic	cants only	(attach additional 8	1/2 X 11 inch sheet	il necessar	y.)		
Name and Location of Me	dical School		Name and Locat	ion of Hospital			Dates At	
						Beginning	(mo/yr)	Ending (mo/)
							_	
		AID	5 Affidavit					
certify I have completed the	minimum of four		f education in t	ne prevention	transmi	ne noise	treatm	ent of AIDS
understand I must maintain r								
o the Department of Health i	f requested. (WA	C 246-919-	380)					
	(0)				5.	31-9	16	
A I NALI KALA	APPLICANT'S SIGN	ATURE					TE	
Jaurel Kue								
Jaurel Kue								
Jaurel Kue								
Jaurel Kue		PLICAN	I'S ATTEST	ATION				
Laurel Ku	EHL AI	PLICAN	F'S ATTEST	ATION				oostifu that
Laurel KU	EHL				Wand 1	8.130.180	RCW.	, certify that
am the person described and	EHL_ I identified in this a	pplication,	that I have read	18.130.170 RC	W and 1	8. 130. 180 nd the doc	RCW, (of the Uniform
am the person described and Disciplinary Act, and that I have a support of the application is	EHL identified in this a answered all que to the best of my	upplication, to stions in the knowledge	that I have read application trut a, accurate. I ur	18.130.170 RC hfully and com	pletely ar	nd the doc	umenta	of the Uniform ation provided
am the person described and Disciplinary Act, and that I have a support of the application is	EHL identified in this a answered all que to the best of my	upplication, to stions in the knowledge	that I have read application trut a, accurate. I ur	18.130.170 RC hfully and com	pletely ar	nd the doc	umenta	of the Uniform ation provided
am the person described and Disciplinary Act, and that I have a support of the application is information from me prior to ma	EHL identified in this a answered all que to the best of my aking a determina	application, to ostions in the v knowledge tion regardi	that I have read application trut a, accurate. 1 ur ng my application	18.130.170 RC hfully and com nderstand that on.	pletely ar the Depa	nd the doc artment m	umenta ay requ	of the Uniform ation provided uire additiona
am the person described and Disciplinary Act, and that I have a support of the application is information from me prior to ma hereby authorize all hospitals Present), business and profess	EHL identified in this a answered all que to the best of my aking a determina s, medical institut ional associates (j	application, i ostions in the y knowledge tion regardi ions or orga oast and pre	that I have read application trut a, accurate. I ur ng my application anizations, my re esent) and all gov	18.130.170 RC hfully and com nderstand that on. eferences, per remmental age	pletely ar the Depa sonal ph encies an	nd the doc artment ma ysicians, e d instrume	umenta ay requ employ entalitie	of the Uniform ation provided jire additiona ers (past and s (local, state
am the person described and Disciplinary Act, and that I have a support of the application is information from me prior to ma hereby authorize all hospitals resent), business and profess ederal or foreign) to release to	EHL identified in this a answered all que to the best of my aking a determina s, medical institut ional associates (to this licensing C	application, i ostions in the v knowledge tion regardi ions or orga bast and pre commission	that I have read application trut a, accurate. I ur ng my application anizations, my re sent) and all gov any information	18.130.170 RC hfully and com nderstand that on. eferences, per rernmental age files or reco	pletely ar the Depa sonal ph encies an ds requi	nd the doc artment ma ysicians, e d instrume red by the	umenta ay requ employ entalitie e Comr	of the Uniform ation provided lire additiona ers (past and s (local, state nission for its
am the person described and Disciplinary Act, and that I have a support of the application is information from me prior to ma hereby authorize all hospitals resent), business and profess ederal or foreign) to release to valuation of my professional,	EHL identified in this a sanswered all que to the best of my aking a determina s, medical institut ional associates (to this licensing C , ethical and phy	pplication, i ostions in the y knowledge tion regardi ions or orga bast and pre commission sical qualifi	that I have read application trut a, accurate. I ur ng my application anizations, my re sent) and all gov any information cations for licer	18.130.170 RC hfully and com nderstand that on. elerences, per remmental age files or reconsure in the S	pletely ar the Depa sonal ph encies an ds requi tate of V	nd the doc artment ma ysicians, e d instrume red by the	umenta ay requ employ entalitie e Comr	ation provided lire additiona ers (past and s (local, state nission for its
am the person described and Disciplinary Act, and that I have a support of the application is information from me prior to ma hereby authorize all hospitals resent), business and profess ederal or foreign) to release to	EHL_ lidentified in this a e answered all que to the best of my aking a determina s, medical institut ional associates (to this licensing C , ethical and phy ysical and mental	pplication, i ostions in the y knowledge tion regardi ions or orga bast and pre commission sical qualifi	that I have read application trut a, accurate. I ur ng my application anizations, my re sent) and all gov any information cations for licer	18.130.170 RC hfully and com nderstand that on. elerences, per remmental age files or reconsure in the S	pletely ar the Depa sonal ph encies an ds requi tate of V	nd the doc artment m ysicians, e d instrume red by the Vashingtor	umenta ay requ employ entalitie e Comr n. I ur	of the Uniform ation provided lire additiona ers (past and s (local, state nission for its

٠

.

DOH 657-020 (Rev. 3/96) Page 4 of 4

.

, · · ·

.

KUEHL, LAUREL MD00036570 PAGE 32





June 10, 1996

State of Washington Department of Health **Board of Medical Examiners** 1300 S.E. Quince Street P.O. Box 47866 Olympia, Washington 98504-7866

To Whom It May Concern:

This letter is to certify that Laurel Kuehl graduated on June 7, 1996 from the University of Washington School of Medicine with the degree of Doctor of Medicine after successful completion of all the requirements. This is also to certify that at least seventeen hours of AIDS education have been completed while in the medical school curriculum.

Sincerely,

Patricia Mallory

Registrar

PM/bhs

grad1995.doc

LMT

Health Medical Quality Assurance Commission PO Box 47866 Olympia WA 98504 - 7866 (360) 753-2844 (360) 664-8689

Medical Quality Assurance Commission RESIDENCY CERTIFICATION

This is to ce	rtify that	LAURE - W	1 KNEHC		has been
appointed a	s a resident* i	in Family	y West	C.INE SERVICE	at
the <u>UN</u>	IV GRS 17	y of Wish	thereas (NEDRAL CENTER	hospital for the period
beginning	MONTH	25 Day	96 YEAR	. The individual responsible for this reside	nt's patient care activities
will be	Jav	SIGNATURE)		Ram	

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

(Hospital Seal)

DOH 657-057 (Rev. 3/96)

TO THE APPLICANT

MAY 1 3 1996

Complete the identifying information below and submit to:

Federation of State Medical Boards 6000 Western Place, Suite 707 Fort Worth, Texas 76107

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

Date:

Dear Ms. Rains:

i am applying for licensure to practice medicine in the State of Washington, inease 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.

Kuchl aurel М NAME: 1 - DOH Licensee Social Security Number - RCW 42... SSN: MEDICAL SCHOOL OF GRADUATION: University of Washington 1996 YEAR OF GRADUATION: BIRTHDATE: _____7/15/04 **RESPONSE: WE HAVE AN ONFAVORABLE DIFORMATION** REGARDING THE ABOVE NAMED PHYSICIAN MAY 2 1 1996 James R. Hunn rus

JAMES R WINN MO EXECUTIVE VICE PRESIDENT

DOH 657-072 (Rev. 02/96))

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

	h State Street
Chicago,	Illinois 60610

Division of Survey and Data Resources Department of Data Services

Name and Address:

•:-

Name and Address:	
LAUREL MARIE KUEHL MD	Phone: UNKNOWN
830 NE 59TH	Birthdate: 07/15/1964
SEATTLE WA 98105 USA	Birthplace: TUBINGEN
	RECEIVED
Physician's Major Professional Activity:RESIDENT	JUN 03 1996
	ر ت ۱۱ (
Self Designated Practice Specialties (SDPS):	
Primary: FAMILY PRACTICE	
Secondary: UNSPECIFIED	
Tertiary: UNSPECIFIED	
AMA membership: NOT A MEMBER	
Following Data Prov	ded by the Primary Sources ————————————————————————————————————
Medical School:	
UNIV OF WA SCH OF MED, SEATTLE WA 98195	
Year of Graduation: 1996	
Current and/or Prior Medical Training or Fellowship:	
Institution: UNIV OF WA SCH OF MED	State: WASHINGTON
RESIDENT	(NOT YET VERIFIED)
Specialty : FAMILY PRACTICE	07/01/1996 - 06/30/1997
Note: Additional information on physicians in graves received from the residency program direct available, contact the program director(s).	eduate medical training is not solicited, nor is it ors. If you feel additional information may be
National Board Certification Year:	NONE REPORTED TO DATE
License(s) :	
	on Date Status As of
•	· · · · ·
NONE REPORTED TO D	·

Profile for: Laurel Marie Kuehl MD

2

1

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:

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 ADMINSTRATION OR THE US PUBLIC HEALTH SERVICE.

KUEHL, LAUREL MD00036570 PAGE 38

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.

)

Application File_950919_pdf-r.pdf redacted on: 11/20/2017 10:06

Redaction Summary (7 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (7 instances)

Redacted pages:

Page 6, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 10, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 12, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 19, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 20, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 29, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 35, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance