

Medical Quality Assurance Commission Physician Application Worksheet

Name PARETSKY, EVE G Date of Birth 05/28/1973
 Date Received 2/9/06 Cash Number 060381508 Candidate Number _____

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

Chronology

☐

Complete

_____ to _____

☐ Temp Permit Issued Number: _____

☐

F\$MB

☐

AMA

☐

ECFMG

☐

Archive File

order 2/14

Personal Data "Yes"s

Documentation Received

Malpractice Cases

Synopsis

Disposition

1 _____
2 _____
3 _____
4 _____

Medical School

School Code _____

☐ U.S.

☐ Canadian

☐ International

Name U OF CHICAGO

Year of Degree 2003

4/7

Transcripts

☐

Translations

Examination Type

☐ National Boards

☐ FLEX

☐ USMLE

☐ State Exam

☐ LMCC

2/1

Scores Received

Received

Post Graduate
Training Programs

Accreditation
Verified

Received

Post Graduate
Training Programs

Accreditation
Verified

2/6

UW 6/03 TO PRESENT

Received

State Licensure

☒

WA-ML

☐
☐
☐
☐
☐
☐
☐

Received

Hospital Privileges

☐
☐
☐
☐
☐
☐
☐
☐

Approved

Signature

[Signature]

Date

3-8-2006

Comments:

Deficiency Letters:

☐ January

☐ April

☐ July

☐ October

☒ February

☐ May

☐ August

☐ November

☐ March

☐ June

☐ September

☐ December



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

RECEIVED AND CHECK PROCESSED

FEB 09 2006

Department of Health
Investigation Service Unit

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

46166

LICENSE #

Application For License To Practice Medicine Applicable For MD's Only

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

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

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

1. Demographic Information

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL

Paretsky

Eve

G

ADDRESS

4422 Francis Ave N #W23

CITY

Seattle

STATE

WA

ZIP

98103

COUNTY

King

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)

(206) 540 8829

SOCIAL SECURITY NUMBER (Required for license under 42 USC 686 and Chapter 26.23 RCW)

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

GENDER

☒ Female ☐ Male

BIRTHDATE (MO/DAY/YEAR)

5/28/1973

PLACE OF BIRTH (CITY/STATE)

Manhattan, Kansas

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

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

RECEIVED

If yes, list name(s): FEB 09 2006

HEIGHT

5'4

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS

135

EYE COLOR

Brown

HAIR COLOR

Brown

MEDICAL SCHOOL

University of Chicago

YEAR OF GRADUATION

2003

MEDICAL SPECIALTY

Family Medicine



2. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒
- "Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Chemical substances"** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒
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 on one's functioning as a licensee, and includes at least the past two years.
- "Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.**
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs? ☐ ☒
- b. a charge of a sex offense? ☐ ☒
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒
- 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 professional? ☐ ☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☒
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☒

2. Personal Data Questions (Continued)				YES	NO	
10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?					<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Education And Experience				
Provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 X 11 sheets if necessary.)				
Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
Medical Education (List all Medical Schools Attended)		From (mo/yr)	To (mo/yr)	
University of Chicago	4	10/99	6/03	MD
Post-Graduate Training (List all Programs Attended)				
University of WA	2 1/2	6/03	present	
(will be there until 6/06)				

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

5. Hospital Privileges		
List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)		
NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	Dates	
	Beginning (mo/yr)	Ending (mo/yr)

6. Licenses In Other States

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


State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License		Any Limitations on License
			Examination (Date Passed)	Endorsement	Active	Inactive	
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes

7. Fifth Pathway (foreign-trained applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

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

8. AIDS Affidavit

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

APPLICANT'S INITIALS 	DATE 1/30/06
---	-----------------

9. Applicant's Attestation

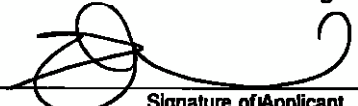
I, Eve Paretsky, certify that I am the person described and identified in
Name of Applicant

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

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

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

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



Signature of Applicant
1/30/06

Date

Official Use Only

Washington State Records Center

HPQA
RECEIVED
FEB 07 2006
CSC



125-



PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Paretsky, E.

RETURN THIS PORTION
WITH CHECK & APPLICATION

11 1508 11

1F 0252090000 00236

1558-2/7/2006 11:32:14 AM-0653 \$125.70



THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

OFFICIAL ACADEMIC RECORD

1 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

PREVIOUS INSTITUTIONS ATTENDED:

A.B. VASSAR COLLEGE
POUGHKEEPSIE, NEW YORK 1995

AUT 1999 GRAD LEVEL ONE MEDICINE

ORB/AN 300 HUMAN MORPHOLOGY-1 100 P
BCH MB 301 BIOCHEMISTRY/MOLECULAR BIOLOGY 150 P
CLINIC 300 INTRO TO CLINICAL MEDICINE 050 P
MEDBIO 303 CELL AND ORGAN PHYSIOLOGY 100 P

WIN 2000 GRAD LEVEL ONE MEDICINE

ORB/AN 301 HUMAN MORPHOLOGY-2 150 P
BCH MB 302 MOLEC BASIS METABOLIC REG-2 100 P
HLTHST 581 SOCIAL CONTEXT OF MEDICINE 025 P
CLINIC 305 CLINICS: DOCTOR-PATIENT REL 025 P
MEDBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY 100 P

SPR 2000 GRAD LEVEL ONE MEDICINE

HLTHST 541 EPIDEMIOLOGY/CLINICAL INVEST 025 P
GENET 339 MEDICAL GENETICS 050 P
MED 302 NUTRITION IN HEALTH/DISEASE 025 P
MED 604 HEALTH CARE FOR THE POOR 100 P
MED 751 MEDICAL SPANISH-1 025 P
MEDBIO 305 MEDICAL NEUROBIOLOGY 100 P
PSYCHI 301 DEVELOPMENT AND PSYCHOPATHOL 050 P

AUT 2000 GRAD LEVEL TWO

MEDBIO 302 MEDICAL MICROBIOLOGY 100 P
MEDBIO 306 CELL PATHOLOGY/IMMUNOLOGY 150 P
NPP 306 PHARMACOLOGY 050 P

WIN 2001 GRAD LEVEL TWO

CLINIC 302 CLIN SKILLS 2A: PHYSICAL DIAG 050 P
MEDBIO 307 CLINICAL PATHOPHYSIOLOGY 250 P

SPR 2001 GRAD LEVEL TWO

CLINIC 304 CLIN SKILLS 2B: PHYSICAL DIAG 100 P
MED 616 TOPICS IN HIV INFECTION 050 P
MED 738 INDEPENDENT STUDY: USMLE STEP-1 050 P
PATHOL 370 MEDICAL HISTORY 050 P
NPP 307 CLINICAL PHARMACOLOGY 050 P

SUM 2001 GRAD LEVEL TWO

FAMMED 303 FAMILY MED CKSHP: MACNEAL 100 P
PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS 200 P

AUT 2001 GRAD LEVEL TWO

SURG 30300 JUNIOR CLERKSHIP: SURGERY 300 P

MEDICINE

WIN 2002 GRAD LEVEL TWO

OB/GYN 30300 CLERKSHIP: HOSPITAL 150 P
PSYCHI 30300 CLERKSHIP: PSYCHIATRY 150 P

SPR 2002 GRAD LEVEL TWO

MED 30300 JR CLERKSHIP IN INTERNAL MED 300 P

SUM 2002 GRAD LEVEL ONE

FAMMED 50200 FAMILY MEDICINE - OFF CAMPUS 125 P
OB/GYN 36000 MATERNAL-FETAL MED/BIRTHROOMS 150 P
PEDS 36800 INTRO PEDIATRIC NEUROLOGY 075 P
PEDS 38500 PEDIATRIC HEMATOLOGY/ONCOLOGY 050 P

AUT 2002 GRAD LEVEL ONE

EM MED 30600 CLERKSHIP: EMERGENCY MED 125 P
MED 61100 TOPICS IN WOMEN'S HEALTH 150 P
MED 61500 ADVANCED PHYSICAL DIAGNOSIS 050 P

WIN 2003 GRAD LEVEL ONE

EM MED 30700 ADVANCED CARDIAC LIFE SUPPORT 025 P
MED 50300 ECG INTERPRETATION 025 P
MED 52400 ACUTE CARD CARE/ADV ARRHY 075 P
MED 59200 TEACHING PHYSICAL DIAGNOSIS 050 P
MED 64100 INFECTIOUS DISEASE CONSULTS 125 P
MED 77700 CLIN PHARM AND THERAPEUTICS 075 P

RECEIVED

SEP 24 2003

Health Professional School

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
PO BOX 47866
OLYMPIA WA 98504

SEPTEMBER 24, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

THE UNIVERSITY OF CHICAGO

The Office of the University Registrar

KEY TO TRANSCRIPTS OF ACADEMIC RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts, Master of Laws, Master of Liberal Arts, Master of Public Policy, Master of Science, Doctor of Comparative Law, Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading Systems: The marks A-, A, B+, B, B-, C+, C, C-, D+, D and F are passing grades. The numeric value of grades is as follows: A=4.0, A-=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.7, D+=1.3, D=1.0, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs – Undergraduate and Graduate: Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

Bi-registrants: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1970 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.



THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

2 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

OFFICIAL ACADEMIC RECORD

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

SPR 2003 GRAD LEVEL TWO

MEDICINE

ANESTH 32600 PRINC SEDATN/MONITORG/PAIN MGT 075 P
MED 50500 CARDIOLOGY CONSULTS 075 P
MED 80000 TUTORIAL-MEDICINE 150 R

DEGREE MD DOCTOR OF MEDICINE
MEDICINE
AWARDED JUNE 2003

*** END OF TRANSCRIPT ***

The Medical School employs a strictly "Pass" or
"Fail" grading system with no "Honors" designation
in all required courses.

- * THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, *
- * AS AMENDED, PROHIBITS THE RELEASE OF INFORMATION FROM *
- * THIS TRANSCRIPT WITHOUT THE PRIOR WRITTEN CONSENT OF *
- * THE STUDENT TO WHOM IT PERTAINS. *

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
PO BOX 47866
OLYMPIA WA 98504

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

SEPTEMBER 24, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is
printed on maroon security paper with the
name of the institution printed in white type
across the face of the document. A raised seal
is not required. When photocopied the name of
the institution appears on one line and the word
VOID appears on the next. A BLACK ON
WHITE OR A COLOR COPY SHOULD NOT
BE ACCEPTED.

KEY TO TRANSCRIPT IS PRINTED ON REVERSE

AN OFFICIAL SIGNATURE IS WHITE WITH A MAROON BACKGROUND

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

THE UNIVERSITY OF CHICAGO

The Office of the University Registrar

KEY TO TRANSCRIPTS OF ACADEMIC RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, Master of Arts; Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts; Master of Laws; Master of Liberal Arts, Master of Public Policy, Master of Science, Doctor of Comparative Law; Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading System: The marks A-, A, B+, B, B-, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A=4.0, A-=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.7, D+=1.3, D=1.0, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P* to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs - Undergraduate and Graduate: Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

Bi-registrants: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1979 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.

OFFICE OF THE REGISTRAR
UNIVERSITY OF CHICAGO
5801 SOUTH ELLIS AVENUE
CHICAGO, ILLINOIS 60637

Thomas C. Black

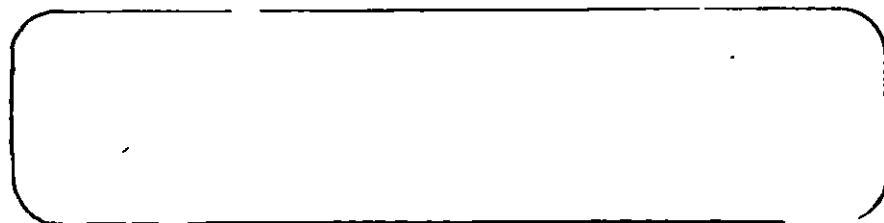
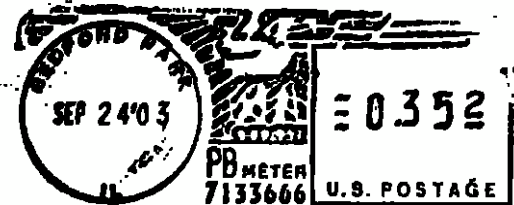
OFFICE OF THE REGISTRAR
UNIVERSITY OF CHICAGO
5801 SOUTH ELLIS AVENUE
CHICAGO, ILLINOIS 60637



THE UNIVERSITY OF CHICAGO
OFFICE OF THE UNIVERSITY REGISTRAR
5801 SOUTH ELLIS AVENUE
CHICAGO • ILLINOIS 60637

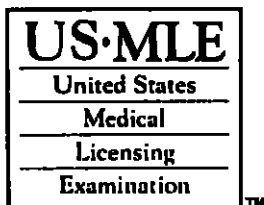
RETURN SERVICE
REQUESTED

PRESORTED
FIRST CLASS



HSEIAMP 98504





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

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

Date : 02/01/2006

Recipient:

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

Examinee: Paretsky, Eve
Alt Name(s): Paretsky, Eve Gavrielle

Examinee ID#: 5-096-811-4
Date of Birth: 05/28/1973

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

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/11/2001	Pass	234	182	95	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/22/2002	Pass	226	174	88	75	

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
WASHINGTON	02/24/2005	Pass	237	184	98	75	

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

Interpretation of results

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic Step 2 CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed within this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

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

ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

TO: Post Graduate Training Program Director

FACILITY NAME FAMILY MEDICINE RESIDENCY PROGRAM
UWMC AT ROOSEVELT
 ADDRESS 4245 ROOSEVELT WAY NE, BOX 354775
SEATTLE, WA 98105

RECEIVED

FEB 06 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

RE: Verification/Evaluation of Training

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

Eve Gavrielle Paretsky

APPLICANT (PRINT OR TYPE)

5/28/1973

BIRTHDATE



SIGNATURE OF APPLICANT

1. _____ is or was engaged in postgraduate training in our program

from 6/2003 to 6/2006
 BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)

in the field of Family Medicine

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

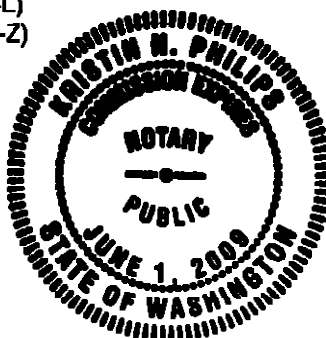
3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain _____

Return to:

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

(SEAL)



Signature 

Title PROGRAM DIRECTOR

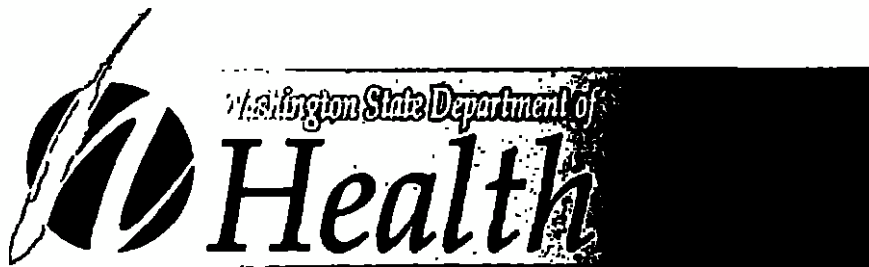
Hospital _____

PLEASE TYPE OR PRINT

Address FAMILY MEDICINE RESIDENCY PROGRAM
U. AT ROOSEVELT
4245 ROOSEVELT WAY NE, BOX 354775

Date SEATTLE, WA 98105 2/1/06

Telephone (206) 598-2883



Health Professions Quality Assurance

Health Practitioner Verifying

License Number	Profession Type	Status
ML20007755	Medical	A

Last-Name	First-Name	Mi	Birth-Date
PARETSKY	EVE	G	5/28/1973

Expire	Last Renewal	First License
6/25/2006	6/22/2005	6/25/2003

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

February 13, 2006

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

Re: Board Action Query Dated: February 13, 2006
Your Reference Number:
FSMB Batch Number: BQ1222009

The following is a report of the search results from the Board Action Data Bank as of February 13, 2006 for practitioners subr above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 13, 2006

Item	Name	DOB	School	Yr/Grad
10	mariani, mark	07/06/1976	048010	2002
5	modahl, lucy	04/02/1967	005080	2001
3	nardella, john	04/19/1973	034030	2002
6	nelson, bradford	12/12/1973	048010	2001
1	<u>paretsky, eve</u>	05/28/1973	014030	2003
4	piker, mark	06/01/1970	003010	2002
11	thompson, ward	08/29/1967	099730	2003
2	tsai, nancey	08/05/1969	047010	1998
7	watson, timothy	12/01/1967	009010	2001
9	witherrite, liette	10/03/1973	014060	2002
8	witherrite, troy	07/26/1974	050010	2002



AMA Physician Profile

Name and Mailing Address:

EVE PARETSKY MD
APT W23
4422 FRANCIS AVE N
SEATTLE WA 98103-7173

Primary Office Address:

BOX 354775
4245 ROOSEVELT WAY NE
SEATTLE WA 98105-6008

Phone: UNKNOWN

Birthdate: 05/28/1973

Birthplace: MANHATTAN, KS UNITED STATES OF AMERICA

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

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY PRACTICE

Secondary Specialty: UNSPECIFIED

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

_____ All Information from this Point Forward is Provided by the Primary Source _____

Current and/or Historical Medical School:

U OF CHGO DIV OF BIO SCI PRITZKER SCH OF MED, CHICAGO IL 60637

Degree Awarded: Yes

Degree Year: 2003



AMA Physician Profile

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

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: UNIV OF WA SCH OF MED
Specialty : FAMILY PRACTICE

State: WASHINGTON
06/2003 - 06/2006
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	06/25/2003	06/25/2006	ACTIVE	LIMITED	01/18/2006

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX589	22N 33N 4 5	03/31/2009	02/03/2006

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



AMA Physician Profile

Specialty Board Certification(s)*:

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

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

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
-----------------	------------------	-------------------	-------------------	----------------------

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2006 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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



AMA Physician Profile

Additional Information:

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

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60610
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 14, 2006

Eve G Paretsky MD
4422 Francis Avenue N Apt W23
Seattle WA 98103

Dear Dr. Paretsky;

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

Your application with fee of \$125.00 was received on February 9, 2006.

MISSING ITEMS.

Medical School Transcripts
Waiting archive file

A deficiency letter will be sent about every four to six weeks until the application is considered complete. Please understand deficiency letters are our way of notifying you what is lacking in your file. An over abundance of phone calls simply slows the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

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

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

Sincerely,

Helen A Bogar, Licensing Representative



Medical Quality Assurance Commission Limited License Application Worksheet

Name PARETSKY, EVE G Date of Birth 05/28/1973

Date Received 4/24/03 Candidate Number _____ License Number _____

☒ Background Check ☒ Fee ☐ Photo ☒ Data 1-13 ☒ AIDS ☒ Attest ☒ SSN

Chronology

☐

Complete

Missing:

_____ to _____
_____ to _____
_____ to _____

☒ Residency

☐ Institution

☐ Fellowship

☐ City/County

☐ Teaching/Research



FSMB



AMA

Personal Data "Yes"s

Documentation Received

Malpractice Cases

Synopsis

Disposition

1	
2	
3	
4	

Medical School

School Code 16.11

☒ U.S.

☐ Canadian

☐ International

Name U OF CHICAGO

Year of Degree 2003

☒ Transcripts

☐ Translations

Examination Type ☐ National Boards ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☐ Scores Received

Post Graduate Training Programs		Accreditation Verified	Post Graduate Training Programs		Accreditation Verified
Received			Received		

Received	State Licensure	Received	Hospital Privileges
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Received	Program/Employment Verification	Received	Program/Employment Verification
<input checked="" type="checkbox"/>	UW 6/25/2003		

Approved

Susan Gragg
Signature

10-3-2003
Date

Comments:



225-

LIMITED PHYSICIAN

REVENUE SECTION

PRINT NAME

Paretsky, E

LF 0252140000 00335

001319 04/23/2003 22500

031131319

telnet (GothomCity)

MEDICAL BOARD	AAAAAA	SSSSSS	IIIIIIIIII	
hab0303	AAAAAAA	SSS SSS	IIIIIIIIII	
INDIVIDUAL NAME	ASSESSMENT SYSTEMS, INC.			05-16-03
LAST PARETSKY	REAL SYSTEM	V2.5.74	11:04:18 AM	
FIRST EVE	(JR,SR,III)	REFERENCE #	CA00006673	
MIDDLE G		SOC SEC NUM	1 - DOH Licensee Soci...	

RESIDENCE INFORMATION	+--ADDITIONAL INFORMATION-----+			
UNIVERSITY OF WASHINGTON	SEX F =	MARRIED	=	
GRADUATE MEDICAL EDUCATION	OTHER NAME			
BOX 356340	CORP. OFFICER =			
SEATTLE WA 98195	TRUST ACCOUNT			
	BIRTH PLACE MANHATTAN KS			
	DATE 05-28-1973			
PHONE: () -	SCHOOL CODE 016.11			
() -	CE UNITS 0.00 REQD BY - -			

NOTES	+-----+			
	CURRENT STATUS: U	EXPIRATION DATE: 05-16-2003	FIRST ISSUE DATE: 05-16-2003	
	RENEWAL STATUS:	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: 05-16-2003	
	COMPLAINTS O/C: 0/ 0	AUTHORITY:		

1MENU #1	2AUTH DAT	3APPT DAT	4LICS DAT	5 ACCOUNT	6	7	8
----------	-----------	-----------	-----------	-----------	---	---	---



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

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

7755

LICENSE #

Application For Limited License To Practice Medicine Applicable For MD's Only

- ☒ Internship—Residency ☐ Teaching—Research ☐ Institution
☐ Fellowship (2 year limit) ☐ County—City Health Department

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

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

1. Demographic Information

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL
PARETSKY EVE G

NAME OF INSTITUTION/HEALTH DEPT./MEDICAL SCHOOL/HOSPITAL

University of Washington

ADDRESS

5845 S. Blackstone #205

CITY

Chicago, IL

STATE

IL

ZIP

60637

COUNTY

COOK

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)

(773) 667-1670

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

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

GENDER

☒ Female ☐ Male

BIRTHDATE (MO/DAY/YEAR)

5/28/73

PLACE OF BIRTH

Manhattan, KS

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

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

If yes, list name(s):

HEIGHT

5'4"

WEIGHT

130

EYE COLOR

Brown

HAIR COLOR

Brown

MEDICAL SCHOOL

University of Chicago

YEAR OF GRADUATION

2003

MEDICAL SPECIALTY

Family Practice

2. Personal Data Questions

YES NO

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

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

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

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

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

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

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

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

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

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 on one's functioning as a licensee, and includes at least the past two years.

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

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

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

- a. the use or distribution of controlled substances or legend drugs? ☐ ☒
b. a charge of a sex offense? ☐ ☒
c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒
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 professional? ☐ ☒

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

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

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

2. Personal Data Questions (Continued)	YES	NO
10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Education And Experience				
Provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 X 11 sheets if necessary.)				
Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (mo/yr)	
Medical Education (List all Medical Schools Attended) <i>University of Chicago</i>	<i>4</i>	<i>9/99</i>	<i>6/03</i>	<i>MD</i>
Post-Graduate Training (List all Programs Attended)				

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

5. Hospital Privileges		
List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)		
NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	Dates	
	Beginning (mo/yr)	Ending (mo/yr)

6. Licenses in Other States

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


State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License		Any Limitations on License
			Examination (Date Passed)	Endorsement	Active	Inactive	
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes
							<input type="checkbox"/> No <input type="checkbox"/> Yes

7. Fifth Pathway (foreign-trained applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

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

8. AIDS Affidavit

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

APPLICANT'S INITIALS 	DATE 4.9.03
--	----------------

9. Applicant's Attestation


I, EVE Paretsky, certify that I am the person described and identified in
Name of Applicant

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

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

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

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


Signature of Applicant
4.9.03
Date

Official Use Only

Washington State Records Center

RECEIVED
APR 10 2003



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

LMT

Medical Quality Assurance Commission
Residency Certification

This is to certify that EVE PARETSKY has been

appointed as a resident* in FAMILY MEDICINE RESIDENCY PROGRAM
UWMC AT ROOSEVELT at
4245 ROOSEVELT WAY NE, BOX 354775
SEATTLE, WA 98105

the University of Washington Med Ctr / HMC hospital for the period

beginning 6/25/2003 . The individual responsible for this resident's patient care activities
MONTH DAY YEAR

will be Catherine F. Cogan
for Judith Pannells, MD
(SIGNATURE) DIRECTOR OF PROGRAM
FAMILY MEDICINE RESIDENCY PROGRAM
UWMC AT ROOSEVELT
4245 ROOSEVELT WAY NE, BOX 354775
SEATTLE, WA 98105

*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)

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

May 16, 2003

Attn: Doron Maniece
Washington Quality Med Assur
P.O. Box 47866
1300 SE Quince St
Olympia, WA 98504-7866

Re: Board Action Query Dated: May 16, 2003
Your Reference Number:
FSMB Batch Number: BQ797123

The following is a report of the search results from the Board Action Data Bank as of May 16, 2003 for practitioners submitted referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 16, 2003

Item	Name	DOB	School	Yr/Grad
5	madhavan, ernest	08/24/1973	039100	2003
6	manole, irina	02/15/1972		1997
7	miller, ian	04/27/1975	016010	2001
2	orlich, michael	10/31/1974	023030	2001
3	paretsky, eve	05/28/1973	014030	2003
10	rao, ashwin	01/13/1977	036010	2003
8	shaw, allison	03/24/1977	039100	2003
4	stiehl, amanda	05/28/1977		2003
9	wainer, joseph	03/10/1962	009030	2000
1	whitemarsh, bryan	07/21/1969	048010	2001



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

May 15, 2003

Eve G Paretsky MD
University of Washington
Graduate Medical Education
Box 356340
Seattle WA 98195

Dear Dr. Paretsky;

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

Your application was received on April 24, 2003.

MISSING ITEMS. —

Medical School Transcripts

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

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

Sincerely,

Helen Bogar
Licensing Representative





THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

1 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

OFFICIAL ACADEMIC RECORD

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

PREVIOUS INSTITUTIONS ATTENDED:

A.B. VASSAR COLLEGE
POUGHKEEPSIE, NEW YORK 1995

AUT 1999 GRAD LEVEL ONE MEDICINE

ORB/AN 300 HUMAN MORPHOLOGY-1 100 P
BCH MB 301 BIOCHEMISTRY/MOLECULAR BIOLOGY 150 P
CLINIC 300 INTRO TO CLINICAL MEDICINE 050 P
MEDBIO 303 CELL AND ORGAN PHYSIOLOGY 100 P

WIN 2000 GRAD LEVEL ONE MEDICINE

ORB/AN 301 HUMAN MORPHOLOGY-2 150 P
BCH MB 302 MOLEC BASIS METABOLIC REG-2 100 P
HLTHST 581 SOCIAL CONTEXT OF MEDICINE 025 P
CLINIC 305 CLINICS: DOCTOR-PATIENT REL 025 P
MEDBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY 100 P

SPR 2000 GRAD LEVEL ONE MEDICINE

HLTHST 541 EPIDEMIOLOGY/CLINICAL INVEST 025 P
GENET 339 MEDICAL GENETICS 050 P
MED 302 NUTRITION IN HEALTH/DISEASE 025 P
MED 604 HEALTH CARE FOR THE POOR 100 P
MED 751 MEDICAL SPANISH-1 025 P
MEDBIO 305 MEDICAL NEUROBIOLOGY 100 P
PSYCHI 301 DEVELOPMENT AND PSYCHOPATHOL 050 P

AUT 2000 GRAD LEVEL TWO

MEDBIO 302 MEDICAL MICROBIOLOGY 100 P
MEDBIO 306 CELL PATHOLOGY/IMMUNOLOGY 150 P
NPP 306 PHARMACOLOGY 050 P

WIN 2001 GRAD LEVEL TWO

CLINIC 302 CLIN SKILLS 2A: PHYSICAL DIAG 050 P
MEDBIO 307 CLINICAL PATHOPHYSIOLOGY 250 P

SPR 2001 GRAD LEVEL TWO

CLINIC 304 CLIN SKILLS 2B: PHYSICAL DIAG 100 P
MED 616 TOPICS IN HIV INFECTION 050 P
MED 738 INDEPENDENT STDY: USMLE STEP-1 050 P
PATHOL 370 MEDICAL HISTORY 050 P
NPP 307 CLINICAL PHARMACOLOGY 050 P

SUM 2001 GRAD LEVEL TWO

FAMMED 303 FAMILY MED CKSHP: MACNEAL 100 P
PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS 200 P

AUT 2001 GRAD LEVEL TWO

SURG 30300 JUNIOR CLERKSHIP: SURGERY 300 P

MEDICINE

WIN 2002 GRAD LEVEL TWO

OB/GYN 30300 CLERKSHIP: HOSPITAL 150 P
PSYCHI 30300 CLERKSHIP: PSYCHIATRY 150 P

SPR 2002 GRAD LEVEL TWO

MED 30300 JR CLERKSHIP IN INTERNAL MED 300 P

SUM 2002 GRAD LEVEL ONE

FAMMED 50200 FAMILY MEDICINE - OFF CAMPUS 125 P
OB/GYN 36000 MATERNAL-FETAL MED/BIRTHROOMS 150 P
PEDS 36800 INTRO PEDIATRIC NEUROLOGY 075 P
PEDS 38500 PEDIATRIC HEMATOLOGY/ONCOLOGY 050 P

AUT 2002 GRAD LEVEL ONE

EM MED 30600 CLERKSHIP: EMERGENCY MED 125 P
MED 61100 TOPICS IN WOMEN'S HEALTH 150 P
MED 61500 ADVANCED PHYSICAL DIAGNOSIS 050 P

RECEIVED

MAY 06 2003

Health Professions Section 5

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
1300 QUINCE ST SE
P O BOX 47866
OLYMPIA WA 98504-7866

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

MAY 01, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

The Office of the
University Registrar

KEY TO TRANSCRIPTS OF ACADEMIC RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science, Master of Arts; Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts, Master of Laws; Master of Liberal Arts; Master of Public Policy, Master of Science, Doctor of Comparative Law; Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading System: The marks A, A-, B+, B, B-, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A=4.0, A-=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.7, D+=1.3, D=1.0, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P* to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs - Undergraduate and Graduate: Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

Bi-registrants: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Instructional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1979 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.



THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

2 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

OFFICIAL ACADEMIC RECORD

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

WIN 2003 GRAD LEVEL ONE

MEDICINE

EM MED	30700	ADVANCED CARDIAC LIFE SUPPORT	025
MED	50300	ECG INTERPRETATION	025 P
MED	52400	ACCUTE CARD CARE/ADV ARRY	075 P
MED	59200	TEACHING PHYSICAL DIAGNOSIS	050 P
MED	64100	INFECTIOUS DISEASE CONSULTS	125 P
MED	77700	CLIN PHARM AND THERAPEUTICS	075 P

*** END OF TRANSCRIPT ***

The Medical School employs a strictly "Pass" or "Fail" grading system with no "Honors" designation in all required courses.

- * THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, *
- * AS AMENDED, PROHIBITS THE RELEASE OF INFORMATION FROM *
- * THIS TRANSCRIPT WITHOUT THE PRIOR WRITTEN CONSENT OF *
- * THE STUDENT TO WHOM IT PERTAINS. *

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
1300 QUINCE ST SE
P O BOX 47866
OLYMPIA WA 98504-7866

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

MAY 01, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

KEY TO TRANSCRIPT IS PRINTED ON REVERSE

AN OFFICIAL SIGNATURE IS WHITE WITH A MAROON BACKGROUND

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

The Office of the
University RegistrarKEY TO
TRANSCRIPTS
OF
ACADEMIC
RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, Master of Arts; Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts, Master of Laws; Master of Liberal Arts; Master of Public Policy, Master of Science, Doctor of Comparative Law; Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full-time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading System: The marks A+, A-, B+, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+=10, A-=9, B+=8, B-=7, C+=6, C-=5, D+=4, D-=3, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs – Undergraduate and Graduate: Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

BI-Registrants: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Instructional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1979 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

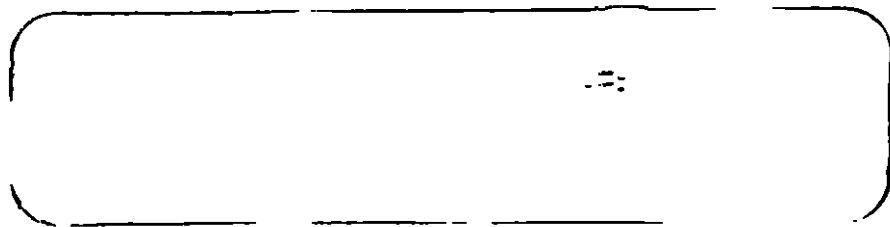
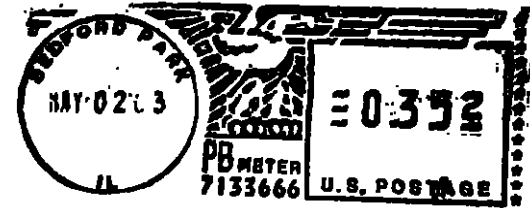
The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.



THE UNIVERSITY OF CHICAGO
OFFICE OF THE UNIVERSITY REGISTRAR
5801 SOUTH ELLIS AVENUE
CHICAGO • ILLINOIS 60637

PRESUMED
FIRST CLASS



BIHJEMP 98504





THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

1 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

OFFICIAL ACADEMIC RECORD

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

PREVIOUS INSTITUTIONS ATTENDED:

A.B. VASSAR COLLEGE
POUGHKEEPSIE, NEW YORK 1995

AUT 1999 GRAD LEVEL ONE MEDICINE

ORB/AN 300 HUMAN MORPHOLOGY-1 100 P
BCH MB 301 BIOCHEMISTRY/MOLECULAR BIOLOGY 150 P
CLINIC 300 INTRO TO CLINICAL MEDICINE 050 P
MEDBIO 303 CELL AND ORGAN PHYSIOLOGY 100 P

WIN 2000 GRAD LEVEL ONE MEDICINE

ORB/AN 301 HUMAN MORPHOLOGY-2 150 P
BCH MB 302 MOLEC BASIS METABOLIC REG-2 100 P
HLTHST 581 SOCIAL CONTEXT OF MEDICINE 025 P
CLINIC 305 CLINICS: DOCTOR-PATIENT REL 025 P
MEDBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY 100 P

SPR 2000 GRAD LEVEL ONE MEDICINE

HLTHST 541 EPIDEMIOLOGY/CLINICAL INVEST 025 P
GENET 339 MEDICAL GENETICS 050 P
MED 302 NUTRITION IN HEALTH/DISEASE 025 P
MED 604 HEALTH CARE FOR THE POOR 100 P
MED 751 MEDICAL SPANISH-1 025 P
MEDBIO 305 MEDICAL NEUROBIOLOGY 100 P
PSYCHI 301 DEVELOPMENT AND PSYCHOPATHOL 050 P

AUT 2000 GRAD LEVEL TWO

MEDBIO 302 MEDICAL MICROBIOLOGY 100
MEDBIO 306 CELL PATHOLOGY/IMMUNOLOGY 150
NPP 306 PHARMACOLOGY 050

WIN 2001 GRAD LEVEL TWO

CLINIC 302 CLIN SKILLS 2A: PHYSICAL DIAG 050 P
MEDBIO 307 CLINICAL PATHOPHYSIOLOGY 250 P

SPR 2001 GRAD LEVEL TWO

CLINIC 304 CLIN SKILLS 2B: PHYSICAL DIAG 100 P
MED 616 TOPICS IN HIV INFECTION 050 P
MED 738 INDEPENDENT STDY: USMLE STEP-1 050 P
PATHOL 370 MEDICAL HISTORY 050 P
NPP 307 CLINICAL PHARMACOLOGY 050 P

SUM 2001 GRAD LEVEL TWO

FAMMED 303 FAMILY MED CKSHP: MACNEAL 100 P
PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS 200 P

AUT 2001 GRAD LEVEL TWO

SURG 30300 JUNIOR CLERKSHIP: SURGERY 300 P

MEDICINE

WIN 2002 GRAD LEVEL TWO

OB/GYN 30300 CLERKSHIP: HOSPITAL 150 P
PSYCHI 30300 CLERKSHIP: PSYCHIATRY 150 P

SPR 2002 GRAD LEVEL TWO

MED 30300 JR CLERKSHIP IN INTERNAL MED 300 P

SUM 2002 GRAD LEVEL ONE

FAMMED 50200 FAMILY MEDICINE - OFF CAMPUS 125 P
OB/GYN 36000 MATERNAL-FETAL MED/BIRTHROOMS 150 P
PEDS 36800 INTRO PEDIATRIC NEUROLOGY 050 P
PEDS 38500 PEDIATRIC HEMATOLOGY/ONCOLOGY 050 P

AUT 2002 GRAD LEVEL ONE

EM MED 30600 CLERKSHIP: EMERGENCY MED 125 P
MED 61100 TOPICS IN WOMEN'S HEALTH 150 P
MED 61500 ADVANCED PHYSICAL DIAGNOSIS 050 P

RECEIVED
APR 14 2003
HRS 5

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
1300 QUINCE ST SE
P O BOX 47866
OLYMPIA WA 98504-7866

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

APRIL 10, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

The Office of the
University RegistrarKEY TO
TRANSCRIPTS
OF
ACADEMIC
RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences, six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts, Master of Laws, Master of Liberal Arts, Master of Public Policy, Master of Science, Doctor of Comparative Law, Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full-time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading System: The marks A, A-, B+, B, B-, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A=4.0, A-=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.7, D+=1.3, D=1.0, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P* to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs – Undergraduate and Graduate. Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

BI-registrants: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1979 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.



THE UNIVERSITY OF CHICAGO
The Office of the University Registrar

CHICAGO, ILLINOIS 60637

2 OF 2

NOTE: A transcript is official when it bears the University Registrar's seal and signature.

OFFICIAL ACADEMIC RECORD

STUDENT NAME

EVE GAVRIELLE PARETSKY

BIRTH PLACE

MANHATTAN KANSAS

BIRTH DATE

05/28/73

STUDENT NUMBER

91-24-66

WIN 2003 GRAD LEVEL ONE

MEDICINE

EM MED	30700	ADVANCED CARDIAC LIFE SUPPORT	025
MED	50300	ECG INTERPRETATION	025 P
MED	52400	ACCUTE CARD CARE/ADV ARRYH	075 P
MED	59200	TEACHING PHYSICAL DIAGNOSIS	050 P
MED	64100	INFECTIOUS DISEASE CONSULTS	125 P
MED	77700	CLIN PHARM AND THERAPEUTICS	075 P

*** END OF TRANSCRIPT ***

The Medical School employs a strictly "Pass" or "Fail" grading system with no "Honors" designation in all required courses.

- * THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, *
- * AS AMENDED, PROHIBITS THE RELEASE OF INFORMATION FROM *
- * THIS TRANSCRIPT WITHOUT THE PRIOR WRITTEN CONSENT OF *
- * THE STUDENT TO WHOM IT PERTAINS. *

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

Issued to :

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
1300 QUINCE ST SE
P O BOX 47866
OLYMPIA WA 98504-7866

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

APRIL 10, 2003

THOMAS C. BLACK
UNIVERSITY REGISTRAR

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

KEY TO TRANSCRIPT IS PRINTED ON REVERSE

AN OFFICIAL SIGNATURE IS WHITE WITH A MAROON BACKGROUND

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

A BLACK & WHITE TRANSCRIPT IS NOT AN ORIGINAL

THE UNIVERSITY OF CHICAGO

The Office of the University Registrar

KEY TO TRANSCRIPTS OF ACADEMIC RECORDS

1. Organization: The University of Chicago includes the undergraduate College, four graduate Divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate Professional Schools: Business, Divinity, Law, Medicine, Public Policy, and Social Service Administration, and Graham School of General Studies. The Graduate Library School suspended all offerings as of 1990.

2. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The College, The Division of Biological Sciences, Humanities, Physical Sciences and Social Sciences, The Graduate School of Business, The Divinity School, The Law School, the Pritzker School of Medicine, the Harris School of Public Policy Studies, the School of Social Service Administration, and the Graham School of General Studies. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science, Master of Arts, Master of Arts in Teaching, Master of Business Administration, Master of Divinity, Master of Fine Arts, Master of Laws; Master of Liberal Arts; Master of Public Policy, Master of Science, Doctor of Comparative Law; Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

3. Calendar: The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time quarterly registration in the College is for three or four units and in the Divisions and Schools for three units. See Graduate Residence Status for exceptions.

4. Course Numbering: All courses numbered from 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses numbered 300 and above are generally designed to meet requirements for higher degrees.

5. Credits: The course unit is the measure of credit at the University of Chicago. One full unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit.

6. Grading System: The marks A-, A, B+, B, B-, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A=4.0, A-=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.7, D+=1.3, D=1.0, F=0.

The mark "P" indicates that the student has submitted sufficient evidence to receive a passing grade, in some courses it may be the only grade given. The mark "I" (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade.

Where the mark "I" is changed to a quality grade, the change is reflected by a quality grade following the mark "I", for instance, "IA" or "IB". Some units of the University have special regulations concerning the mark "I", regulations may be found in the *Announcements* of the College, of the Divisions and of the Schools. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the college who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W (or WP or WF) does not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

7. General: Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEEB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

8. Joint Degree Programs - Undergraduate and Graduate: Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

9. Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

10. Academic Status and Department: The quarterly entry of academic work on students' records is preceded by a line entry showing the academic status and field of study. The definition of academic status follows:

At-large: students registered in the Divinity School of the University and in a cooperative Hyde Park Theological School.

Certificate of Advanced Studies: students who hold a masters degree and register for advanced work in their particular fields but who are not candidates for a University of Chicago degree.

CIC Students: students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at the University of Chicago.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at the University of Chicago.

Graduate: students enrolled in programs leading to post-baccalaureate degrees.

Laboratory School: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory School of the University as secondary school students.

Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a University of Chicago degree.

Returning Scholars: students registered through the Graham School of General Studies and not candidates for a University of Chicago degree.

Special Summer: students registered in a Summer Quarter in credit courses but not candidates for a University of Chicago degree.

Students-at-large: students who are not candidates for a University of Chicago degree.

Undergraduate: students in a program leading to a bachelor's degree.

Undergraduates in Foreign Study Programs: students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at the University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at the University of Chicago. Effective Autumn 1989, courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

11. Graduate Residence Status: Effective Autumn Quarter, 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study).

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Status terminated Summer 2000).

Advanced Residence: the period of registration following completion of Scholastic and Research Residence until the Doctor of Philosophy is awarded. (Revised Summer 2000 to be limited to 12 years following admission to Doctoral program).

Active File Status: a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (Status terminated Summer 2000).

Leave of Absence: the period during which a student involuntarily suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

Extended Residence: (effective Summer 2000) The period of registration following the conclusion of Advanced Residence.

Students in Scholastic, Research or Advanced Residence Status, but not in Active File Status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement of a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

TRANSCRIPTS OF UNIVERSITY OF CHICAGO ACADEMIC RECORDS OF STUDENTS REGISTERED AFTER THE SPRING QUARTER OF 1979 ARE COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE OF THE UNIVERSITY REGISTRAR.

Effective Dates of Plus/Minus Grading System

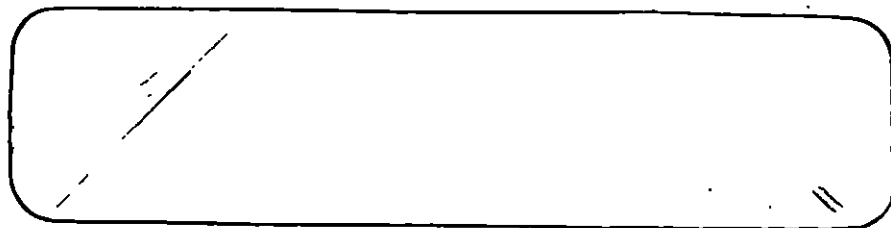
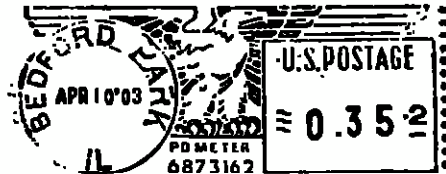
The School of Social Service Administration	Autumn, 1977
The Committee of Public Policy	Autumn, 1983
The Divinity School	Autumn, 1983
The College	Summer, 1984
The Graduate Library School	Spring, 1986
The Division of the Humanities	Autumn, 1986
The Division of the Social Sciences	Autumn, 1986
The Division of the Physical Sciences	Summer, 1988
The Law School	Spring, 2000

Plus/Minus grade modifiers as assigned by the faculty, are recorded on students' official academic records for courses offered by the academic areas listed above.



THE UNIVERSITY OF CHICAGO
OFFICE OF THE UNIVERSITY REGISTRAR
5801 SOUTH ELLIS AVENUE
CHICAGO • ILLINOIS 60637

RESORTED
FIRST CLASS



BGLDAMP 98504

