

59
 CERT. NO. 14588 ISSUED 7-14-75
 Mailed 7-23-75

STATE OF WASHINGTON
 DIVISION OF PROFESSIONAL LICENSING
 P. O. Box 649
 OLYMPIA, WASHINGTON 98504

RECEIVED
 JUN 13 1975
 DIVISION OF
 PROFESSIONAL LICENSING

APPLICATION FOR LICENSE TO
 PRACTICE MEDICINE AND SURGERY

DO NOT WRITE IN THIS BOX

252	09	13325	06	13	75	1317	1	F	4b	1
Source	Sub.	Account	Today	Code	Cnty.	Associate	Sex	Birth	Stat.	
7	10	12	19	25	27	29	33	63	64	70

Please type or print clearly.

NAME POPPEMA SUZANNE THERESE I F 4b
 LAST FIRST MIDDLE SEX BIRTHDATE

ADDRESS 4b 4b BIRTHPLACE 4b
 City State County

City 4b
 State Zip

- Application is made for licensure by
- A. National Board waiver.....
 - B. Flex waiver.....
 - C. Reciprocity from.....
 State
 - D. Examination.....

All applicants for examination
 must submit *two* photographs with
 the application

INSTRUCTIONS

1. This application, together with supporting documents, must be filed with the Division of Professional Licensing, P. O. Box 649, Olympia, Washington 98504 at least thirty days prior to the board meeting at which it is to be reviewed or by April 1 for the June examination and October 1 for the December examination.
2. Please type or print clearly in ink.
3. Answer all questions. If answer is "no" or "none", so state.
4. If additional space is required, attach separate sheets, indicating section to which they refer.
5. All applicants must provide the following:
 - (1) Copy of diploma issued by a medical school accredited and approved by the Board of Medical Examiners at time diploma was issued.
 - (2) Certificate showing not less than one year as intern in a thoroughly equipped hospital, having at least twenty-five beds for each intern, devoted to the treatment of medical, surgical, gynecological and special diseases.
 - (3) Evidence of some experience in and practical working knowledge of obstetrics, gynecology and pathology.
6. Foreign medical graduates must submit proof of medical school curriculum meeting the requirements of the Washington Medical Practice Act, RCW 18.71.055.
7. Foreign medical graduates must provide a certified copy of their standard E.C.F.M.G. certificate before licensure.
8. COPIES OF ALL DOCUMENTS MUST BE CERTIFIED AS TRUE.
9. ALL SUPPORTING DOCUMENTS MUST BE NO LARGER THAN 8 1/2" x 11".



50000

1. PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience including college and/or university, medical school internship, residencies and practice. Include **ALL** periods of time from the date of graduation from medical school to the present, whether or not engaged in activities related to medicine. INCLUDE THE MONTH/DAY/YEAR in CHRONOLOGICAL ORDER.

From (Month, Day, Year)	To (Year)	Name and Location of Institution, Place of Practice or Other	Degree or Certificate and Date Received, or Nature of Experience	
SEPT '66	JUNE '70	UNIV. OF N. H. DURHAM, NH	B. A.	
SEPT '70	JUNE '74	HARVARD MEDICAL SCHOOL BOSTON, MASS	M. D.	
JULY '74	JUNE '75	UNIV. WASH. HOSP. FAMILY MEDICINE RESIDENCY	R.	

2. MEDICAL LICENSURE

List licenses applied for or held, currently or in the past.

State or Other	Certificate		Permanent or Temporary	License Received By		Currently in Force
	Year	No.		Examination	Other	

5. LETTERS OF RECOMMENDATION

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known.....
Suzanne T Poppe for 1 years,
(Applicant's Name in Full)
from 1974 to 1975, during
which period She was engaged in the study or active practice
of medicine. To the best of my knowledge She is of good
moral and professional character, is free from habits which
might interfere with her professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

This is to certify that I have known.....
Suzanne T Poppe for 1 years,
(Applicant's Name in Full)
from 1974 to 1975, during
which period.....he was engaged in the study or active practice
of medicine. To the best of my knowledge.....he is of good
moral and professional character, is free from habits which
might interfere with h..... professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

Signature John S. Lincoln, MD
Address University Hospital, Seattle, Wa.
Licensed under the laws of Wash
(Name of state)
To practice Medicine

Signature Chl H R
Address Farm Medical Center, Seattle, Wash
Licensed under the laws of Wash
(Name of state)
To practice Medicine

Subscribed and sworn to before me this 11 day of
June, 19 75
Donald A Donahou
Notary Public for the State of Washington
Residing at Brier, Wa

Subscribed and sworn to before me this 11 day of
June, 19 75
Donald A Donahou
Notary Public for the State of Washington
Residing at Brier, wa

(NOTARY SEAL HERE)

(NOTARY SEAL HERE)

AFFIDAVIT

I, SUZANNE T POPPEMA, being first duly sworn, depose and say that I am the person described and identified;
(Print or type full name of applicant)
I have not engaged in any of the acts prohibited by the statutes of the State of Washington, particularly those acts set forth in
18.71 RCW; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of
of ma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and
present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, fed-
eral or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my pro-
fessional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any
kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I fur-
nish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation
of my license to practice medicine and surgery in the State of Washington.

Subscribed and sworn
to before me this 11 day of June, 19 75
Donald A Donahou
Notary Public for Washington

Suzanne T Poppe
(Signature of Applicant)

My commission expires: 2/24/76

ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE.

FEEES ARE NON-REFUNDABLE

Schedule of Fees

	Examination	Re-Examination	Complete reciprocity	National Board (Waiver)	Flex Waiver
Medical	35.00	35.00	50.00*	50.00*	50.00*

*Complete fee, includes both basic science and medical.

MEDICAL BOARD WORKSHEET

NAME POPPEMA, Suzanne T. DATE OF RECEIPT 6-13-75

1. LICENSURE BY:

- a) National Board Waiver _____
- b) Reciprocity from _____ _____
- c) FLEX Waiver _____
- d) Examination _____ _____
Center

2. FEE _____

3. ADDITIONAL PHOTOGRAPH _____

4. PROOF OF EDUCATIONAL EXPERIENCE

- a) College, University _____
- b) Medical school diploma _____
- c) Internship _____
- d) OB/GYN/PATH _____
- e) Chronology _____

5. FOREIGN GRADUATE

- a) ECFMG _____
- b) Medical school subjects _____

6. STATE CLEARANCE Mid. None

7. PERSONAL QUALIFICATIONS _____

8. LETTERS OF RECOMMENDATION _____

9. AFFIDAVIT _____

10. AMA CLEARANCE Mid. 6-17-75 _____

ADMINISTRATIVE RECOMMENDATION OK after AMA

BOARD ACTION

LICENSE EXAM _____

APPROVED _____
DISAPPROVED _____

DATE: 7-11-75

PENDING AMA

REVIEWED BY: MSC

Poppema
S.T.

14557

BIOGRAPHICAL DATA ON PHYSICIANS
from the files of
The American Medical Association
535 No. Dearborn St.
Chicago, Illinois 60610

To: Corresponding Officer of Medical Licensing Board:
This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state. Please enter on this form date you wish verified and mail to the Circulation and Records Department of the A.M.A.

Executive Officer's Name: MAX V. BROKAW, ADMINISTRATOR
Professional Licensing Division, P. O. Box 649
Olympia, Washington 98504

Date: June 17, 1975

Full name of licensure candidate: Suzanne T. Poppema

Place of birth: ^{4b} [REDACTED] Date of birth: ^{4b} [REDACTED]

Mailing address: ^{4b} [REDACTED]

Medical Education - School: Harvard Medical School

M.D. Degree (Year): 1974

Present Application for Licensure:

Examination _____ Reciprocity _____ State _____

Endorsement of Credentials National Board waiver

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CIRCULATION AND RECORDS DEPARTMENT
PHYSICIAN'S HISTORICAL RECORD

DATE: 07-28-75
TIME: 3:01 PM
MEDICAL EDUCATION NUMBER: 02401741049
98195

NAME: POPPEMA, SUZANNE THERESE, M.D.
ADDRESS: UNIVERSITY HOSP-FAM PRAC SEATTLE WA
BIRTHPLACE: 4b BIRTHDATE: 4b
MEDICAL EDUCATION (SCHOOL YEAR):
HARVARD MEDICAL SCHOOL, BOSTON
NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE
LICENSES:

1974

NONE REPORTED TO DATE
PHYSICIAN'S PROFESSIONAL ACTIVITIES:
RESIDENT
PRIMARY SPECIALTY: FAMILY PRACTICE
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE
CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: UNIV WASH AFFIL HOSPS SEATTLE 98195
DATES OF TRAINING: 06/74-06/75
SPECIALTY: FAMILY PRACTICE
SPECIALTY: UNSPECIFIED

INTERNSHIP:
NONE REPORTED TO DATE
RESIDENCY:
NONE REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

June 19, 1975

Suzanne T. Poppema, M.D.

4b
[Redacted]

Dear Doctor Poppema:

Thank you for the medical application received in this office June 13, 1975.
The next meeting of the medical board will be held on July 11, 1975
at which time your application will be reviewed. You will then be advised
of board decision. Results of board meeting will not be released for at
least 10 days.

Application appears complete xxxxxx

Lacks the following _____

- Internship certificate.
- State Board Certification.
- FLEX Certification
- National Board "Certification
of Record".
- Letters of recommendation.
- Medical School subjects.

- Fee.
- Chronology.
- Photograph.
- Affidavit.
- Medical School Diploma.
- E.C.F.M.G. certificate.

Evidence of some experience in and a practical working knowledge of:
1. Gynecology 2. Pathology 3. Obstetrics
(Copies of all documents must be certified as true.)

Remarks: Thank you for your application, which appears complete for Board review.

Very sincerely yours

By _____
Executive Secretary, Healing Arts

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE

UNITED STATES OF AMERICA
Suzanne Therese Poppema, M. D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: JOHN S. MILLIS
Chairman of the Board

SEAL

ROBERT A. CHASE
President of the Board

Philadelphia, Pa.
July 1, 1975

Cert. # 143303

ENDORSEMENT
OF
CERTIFICATION

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of Harvard Medical School on 06/13/1974, whose birth date is 05/08/1948, following successful completion of all examinations required for Certification by the National Board of Medical Examiners. The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/14/1972</u>		
Anatomy, incl. histology and embryology	435	77
Physiology	500	81
Biochemistry	535	83
Pathology	430	76
Microbiology, incl. immunology	410	75
Pharmacology and Materia Medica	465	78
Behavioral Sciences	-	-
(Minimum Passing Grade 380/75) TOTAL GRADE AVERAGE **	475	79
<u>PART II passed 04/10/1974</u>		
Internal medicine and the medical specialties	510	83
Surgery and the surgical specialties	480	81
Obstetrics and Gynecology	540	84
Public Health and Preventive Medicine	545	84
Pediatrics	485	81
Psychiatry	475	81
(Minimum Passing Grade 290/75) TOTAL GRADE AVERAGE **	505	82
<u>PART III passed 03/05/1975</u>		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75) AVERAGE	570	84.7
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		81.9
		(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Heverling
Secretary for Certification

SEAL

June 2, 1975
Date



VNIVERSITAS HARVARDIANA

CANTABRIGIAE IN REPUBLICA MASSACHVSETTENSIVM

PRAESES et Socii Collegii Harvardiani consentientibus
honorandis ac reverendis Inspectoribus in comitiis
sollemnibus

SUZANNE THERESE POPPEMA

ad gradum Medicinae Doctoris

admiserunt eique dederunt et concesserunt omnia insignia
et iura quae ad hunc gradum spectant.

In cuius rei testimonium litteris Academiae sigillo munitis
die XIII Iunii anno Domini MDCCGCLXXIII Collegiique
Harvardiani CCCXXXVIII auctoritate rite commissa nomina
subscripserunt.

Devek Curtis Bok

Robert H. Elliott

PRAESES I CERTIFY THIS TO BE A TRUE DECANVS ORDINIS MEDICINAE
AND EXACT COPY OF THE ORIGINAL
DOCUMENT.

Donald M. Donahou
NOTARY PUBLIC

6/4/75

5-13-75

DANIEL J. EVANS, GOVERNOR

JACK G. NELSON, DIRECTOR



BUSINESS AND PROFESSIONS ADMINISTRATION

DIVISION OF PROFESSIONAL LICENSING

Tel. (206) 753-6838

P. O. Box 649

OLYMPIA, WASHINGTON 98504

Division of Professional Licensing
P. O. Box 649
Olympia, Washington 98504

This is to certify that Suzanne T. Poppema M.D.,
Successfully completed a year Internship
at University of Washington Hospital, from
June 25 1974, to June 25 1975.

During this internship, a practical working knowledge of Ob-
stetrics, Gynecology and Pathology was obtained.

S
E
A
L

Name and Title

Hospital

Address

Date

Form Number 23

Revised 12/71

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

School of Medicine
Department of Family Medicine, RF-30

June 10, 1975

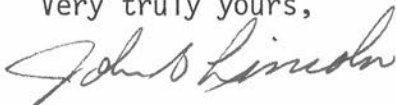
Division of Professional Licensing
P. O. Box 649
Olympia, Washington 98504

Gentlemen:

This is to certify that as of June 25, 1975, Suzanne T. Poppema will have completed her first-year of residency training in the Family Practice Residency Program at the University of Washington.

She entered June 25, 1974, and will have fulfilled the rotation requirements at the completion of her first-year on June 25, 1975. She maintained in good standing throughout this time. Her character and moral judgment have never been questioned.

Very truly yours,



John A. Lincoln, M.D.
Residency Program Director

JAL:mk