Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF MEDICINE

W LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

ery section of this application and submit the original application and all required supporting documents. If more space ons, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to *DC Code 22-2514*. If you have any questions, call HRLA Customer Service at **(202)724-8800 Monday through Friday, 8:15AM to 4:40PM EST.**

SECTION 1A. LICENSURE TYPE & FEES

SELECT LICENSURE TYPE:

- ☑ MEDICINE & SURGERY (MD)
- ☐ OSTEOPATHY & SURGERY (DO)

SELECT GRADUATE TYPE:

- ☑ U.S. CANADIAN
- ☐ INTERNATIONAL

SECTION 1B. BASIS OF APPLICATION

SELECT THE BASIS BY WHICH YOU ARE APPLYING:

EXAM COMPLETED: $805.00

- ☑ USMLE
- ☐ COMLEX
- ☐ LMCC
- ☐ NBME
- ☐ NBOME
- ☐ FLEX
- ☐ SPEX

EMINENCE:

- ☐ EMINENCE 1 $805.00
- ☐ EMINENCE 2 $200.00

SECTION 2A. APPLICANT INFORMATION

Note: LEGAL NAME: *(Do not use any initials unless they are a part of your name)*

GENDER: ☐ MALE ☑ FEMALE

FIRST NAME	MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
Katharine	K	Sznajder	

DEGREE(S): ☑ M.D., ☐ M.B.B.S., ☐ M.BA., ☑ M.PH., ☐ PH.D., ☐ OTHER DEGREE ____________

Date of Bi...	Place of Birth : State/Providence/Territory	Country if not USA	Social Security Number

SECTION 2B. OTHER NAMES USED: (Please print clearly)

If your name has changed at any point since you have taken any exams or attended college or university, you must provide a copy of a legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders

FIRST NAME	MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
Katharine	K	Raisler	

SECTION 2C: RACE & ETHNICITY DESIGNATION (Optional)

- ☐ American Indian/Alaskan Native
- ☐ Asian/South Asian
- ☐ Black or African American
- ☑ Caucasian/White
- ☐ Hispanic or Latino
- ☐ Other ____________
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Choose not to disclose

LANGUAGE(S) SPOKEN:

Language(s) spoken other than English:

- ☑ Spanish
- ☐ Vietnamese
- ☐ French
- ☐ Tagalog
- ☐ Amharic
- ☐ Mandarin
- ☐ Cantonese
- ☐ German/ Slavic
- ☐ Other ____________

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SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET ADDRESS.

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☑ HOME ADDRESS ☐ BUSINESS ADDRESS

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS: ______ ______ ______ 21202
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT ______ **HOME PHONE NUMBER:** ______ **HOME FAX:** (__) ____-______

EMAIL ADDRESS ______________________ **(REQUIRED)**

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME: Kaiser Permanente Capitol Hill Medical Center

BUSINESS ADDRESS: 700 2nd Street, NE Washington DC 20002
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

☐ **SUITE #**______________ ☐ **FLOOR#**______________

BUSINESS PHONE NUMBER: (202) 346 - 3000 **BUSINESS FAX:** (202) 346 - 3378

EMAIL ADDRESS: k.raisler@gmail.com

IMPORTANT MESSAGE UPDATING PROFILE INFORMATION

Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing by email or **fax (202) 442-8117** to the District of Columbia Health Regulation Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.

Board of Medicine-MD/DO New License Application
HRLA 1
PO Box 37801
Washington, D.C. 20013

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 4A. POST SECONDARY SCHOOLS ATTENDED

List post secondary schools attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate
Johns Hopkins Bloomberg School of Public Health	05/2015	MPH
New York University School of Medicine	05/2010	MD
Yale College	05/2005	BA

SECTION 4B. MEDICAL TRAINING AND MEDICAL PRACTICE – POSTGRADUATE EXPERIENCE

List experience covering the five (5) year period prior to the submission of the application (**MONTH & YEAR**) and all training. Include letters from employing facilities, organizations, and training. **For "TRAINING AND PRACTICE DESCRIPTIONS", use the letter key code below**. List experience in reverse chronological order, beginning with the most recent. Please explain all gaps greater than 3 months.

Organization/Institution	Start Date mm/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)
Johns Hopkins University School of Medicine	06/2014	06/2016	A
University of Michigan	06/2010	06/2014	B + C

TRAINING AND PRACTICE DESCRIPTIONS/TYPE OF POSITION KEY CODE

A. FELLOWSHIP B. INTERNSHIP C. RESIDENCY D. EMPLOYMENT E. PRIVATE PRACTICE F. OTHER...(Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 4C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license (excluding training licenses) and provide letters of verification. Use additional sheet if necessary.

Are you currently applying for licensure in any other jurisdiction? Yes If yes please list: Virginia

Jurisdiction	Issue Date mm/yyyy	Expiration Date mm/yyyy	License Number
Maryland	06/2014	09/2017	D0077597

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

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BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 5A. PRACTICE TIME IN THE DISTRICT

Please provide practice information

(1.A) Do you plan to practice in the District of Columbia? Yes No

(1.B) What type of medical practice? Academic Administrative Clinical Research

(1.C.) How many hours will you practice in the District of Columbia?	<less than 20 hours/week	>more than 20 hours/week
• ACADEMIC MEDICINE		
• ADMINISTRATIVE MEDICINE		
• CLINICAL MEDICINE	15	
• RESEARCH MEDICINE		

(2) Please indicate if you do or will practice in: Maryland Virginia

SECTION 5B. SPECIALTIES

Please select the appropriate specialties.

If your practice is limited to a specialty, please indicate the code from the specialty code listed below. Primary OB

Secondary ____________

SPECIALTY CODE

AC Academic Medicine
ADM Administrative Medicine
AI Allergy & Immunology
AN Anesthesiology
DE Dermatology
EM Emergency Medicine
FM Family Medicine
GE Geriatrics
HOS Hospitalist
IN Internal Medicine (General)
IN Internal Medicine
- **IN/CA Cardiology**
- **IN/EN Endocrinology**
- **IN/GI Gastroenterology**
- **IN/HEM Hematology**
- **IN/ID Infectious Disease**
- **IN/NEP Nephrology**
- **IN/NEU Neurology**
- **IN/ONC Oncology**
- **IN/PCC Pulmonary Critical Care**
- **IN/PUD Pulmonary Disease**
- **IN/RH Rheumatology**

MG Medicine Genetics
NU Nuclear Medicine
OB Obstetrics & Gynecology
OC Occupational Health
OP Ophthalmology
OMT Osteopathic Manipulative Treatment
ENT Otolaryngology
PA Pathology
PED Pediatrics (General)
PED Pediatrics
- **PED/AD Adolescent Medicine**
- **PED/CA Cardiology**
- **PED/EN Endocrinology**
- **PED/GI Gastroenterology**
- **PED/HEM Hematology**
- **PED/NEO Neonatology**
- **PED/NEP Nephrology**
- **PED/NEU Neurology**
- **PED/ONC Oncology**
- **PED/PCC Pulmonary Critical Care**
- **PED/PUD Pulmonary Disease**
- **PED/RH Rheumatology**

PMR Physical Medicine & Rehabilitation
PR Preventive Medicine/Public Health
PSY Psychiatry
RA Radiology
REM Research Medicine
SU Surgery (General)
SU Surgery
- **SU/BT Burn/Trauma**
- **SU/CS Cardiac Surgery**
- **SU/CO Colon & Rectal Surgery**
- **SU/GE General Surgery**
- **SU/NE Neurological Surgery**
- **SU/OR Orthopedic Surgery**
- **SU/PL Plastic Surgery**
- **SU/TH Thoracic Surgery**
- **SU/TP Transplant**
- **SU/UR Urology**
- **SU/VA Vascular**

Other: ____________

BOARD CERTIFICATION(S)

Are you board certified in any specialty? Yes No *(If yes please list in the provided space below)*

Please list certifying organization(s)

____________ ____________ ____________

____________ ____________ ____________

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

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BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 5. REQUIRED SCREENING QUESTIONS

Please answer questions 1 through 15 by placing an X in the appropriate boxes. If you answer "YES" to any question, you must provide full information and complete details **on a separate sheet of paper attaching copies of all relevant documents such as final court orders or panel review decisions.**

	Question	Yes	No
1.	Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)?	☐	☑
2.	Have you ever been licensed in any healthcare field in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s).	☑	☐

HEALTH PROFESSION(S)	JURISDICTION(S)
Physician	Maryland

	Question	Yes	No
3.	Have you been a defendant or respondent to a claim for damages or a malpractice action?	☑	☐
4.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	☐	☑
5.	Have you ever surrendered your clinical privileges (voluntary or involuntary) or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	☐	☑
6.	Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason?	☐	☑
7.	Has any licensing authority taken adverse action against your license or privileges or informed you of any pending charges?	☐	☑
8.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?	☐	☑
9.	Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program?	☐	☑
10.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	☐	☑
11.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	☐	☑
12.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	☐	☑
13.	Within the last ten (10) years, have you voluntarily resigned, been asked to resign, terminated, or disciplined by any employer due to practice or moral turpitude issues?	☐	☑
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	☐	☑
15.	Have you ever had a professional liability policy cancelled or not renewed?	☐	☑

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 6A. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Medicine. Keep a photocopy.

- ☑ **Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicants name printed on the back.** *The photos must be original photos and cannot be computer-generated copies or paper copies.*
- ☑ **One photocopy of a government issued photo ID**
- ☑ **Criminal Background Check (CBC)** - *To access form and instructions go to* ***www.doh.dc.gov/service/criminal-background-check*** *or contact the CBC unit at 1-877-783-4187.*
- ☑ **One (1) character reference form** *Must be completed by an MD or DO in a supervising role.*
- ☑ **AMA/AOA Profile** *The profile should be submitted from the issuing institution.*
- ☐ **FCVS** *If applicable.* n/a
- ☑ **Verification(s) of licensure** *These should be provided in a sealed envelope from the issuing jurisdiction(s) for each license identified in Section 4C.*
- ☑ **All undergraduate, graduate, and professional school transcripts.** *Transcripts should be provided in a sealed envelope from the issuing institution for each school that you attended and listed in Section 4A.*
- ☑ **Documentation of all experience covering the five (5) year period prior to the submission of the application and all training** *Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization.*
- ☑ **Examination Scores** *In a sealed envelope from the examination contractor or administrator.*
- ☐ **ECFMG Certificate** *(for foreign applicant)* n/a
- ☐ **Eminence application package** *(if Eminence 1 or Eminence 2 applicant)* n/a

SECTION 6B. Controlled Dangerous Substance Registration

Will you be applying for a controlled substance registration?

☑ **YES** (If yes, please visit the Pharmaceutical Control Division @ www.doh.dc.gov/pcd or contact 202-478-9810 or 202-442-5877

☐ **NO**

SECTION 6C. Payment/Mailing Information

Make check or Money order payable to "DC TREASURER"
A charge of $65.00 will be imposed for dishonored checks
(Public Law 89-208)

Mail your application package and check to:
Board of Medicine- MD/DO New Application
HRLA 1
PO Box 37801
Washington, DC 20013

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 7A.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this yes or no question, as **any false Information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following:

- Fines, penalties, or interest assessed pursuant to ***D.C. Official Code Title 8, Chapter 8*** (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to ***D.C. Official Code Title 8, Chapter 9*** (Illegal Dumping Enforcement Act of 1994);
- Fines, penalties, or interest assessed pursuant to ***D.C. Official Code Title 2, Chapter 18*** (Civil Infractions Act of 1985);
- Past due taxes;
- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to ***D.C. Official Code Title 50, Chapter 23*** (Traffic Adjudication)?

Yes ☐ **No** ☑

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (***D.C. Law 11-118, D.C. Code §47-2861 et seq.***).

SECTION 7B. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

[signature]	Katharine Sznajder, MD, MPH	04/04/2016
LICENSEE SIGNATURE	***PRINT NAME***	***DATE***

Update by: MR 2/23/15

Department of Obstetrics and Gynecology
A Building, 1st Floor, Room 121
4940 Eastern Avenue
Baltimore, Maryland, 21224-2780
410-550-0336 (Phone)
410-550-0196 (Fax)

(10)

JOHNS HOPKINS
MEDICINE
JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

April 13, 2016

In regards to: Fellowship Verification

Johns Hopkins Bayview Medical Center
Gyn/OB Department
4940 Eastern Ave.
Baltimore, Maryland 21224

To Whom It May Concern:

Please let this document reflect verification of fellowship training and good standing for Katharine Sznajder, MD, MPH. She is completing a Fellowship in Family Planning at Johns Hopkins University. The program started June 30, 2014, and we expect her to graduate June 30, 2016.

Sincerely,

Anne Burke, MD
Associate Professor

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AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

2016

Name and Mailing Address
KATHARINE KELSEY SZNAJDER

Birth date

Primary Office Address
A-101
4940 EASTERN AVE
BALTIMORE, MD 21224-2735

Phone UNKNOWN

Physician's major professional activity HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (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 verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1639480817	06/23/2010	NOT RPTD	NOT RPTD	NOT RPTD	03/19/2016

Current and/or historical medical school

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES

Degree Year: 2010

Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

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

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

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
Sponsoring State: MICHIGAN
Program name: UNIVERSITY OF MICHIGAN PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 6/2010 - 6/2014 (Verified)

Specialty Board Certification

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

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

Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.
Certificate:
Certificate type:

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date

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.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Maryland	MD	04/10/2014	09/30/2017	ACTIVE	UNLIMITED	03/04/2016
Michigan	MD	03/04/2016	06/30/2014	INACTIVE	RESIDENT	09/15/2014

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

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 Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
None Reported				

Only the last three characters of active DEA numbers are displayed

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.

ECFMG Certfication

Applicant Number:

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 online at https://cvsonline2.ecfmg.org/

Profile Information

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

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

(9)

University of Michigan
Health System

Dept. of Obstetrics and Gynecology
Women's Hospital L4100
1500 E. Medical Center Dr., SPC 5276
Ann Arbor, MI 48109-5276

April 12, 2016

In regards to: Residency Verification

University of Michigan

To Whom It May Concern:

Please let this document reflect verification of successful completion of residency training for Katharine Sznajder, MD, MPH. She completed her residency in Ob/Gyn at the University of Michigan. The program started June 2010 and ended June 2014.

Sincerely,

Diana Curran

Diana Curran, MD

(8)

New York University School Of Medicine
New York, New York 10016

Academic Transcript Of: Raisler, Katharine Kelsey

Basic Science Years

Academic Year	*Session Dates*	*Course Title*	*Grade*
2006-2007	08/28/06 - 06/08/07	SKILLS & SCIENCE OF DOCTORING I	
		CELLULAR BASIS OF MEDICINE	
		FOUNDATION FOR MEDICINE: BASIC TISSUES & NEUROMUSCULAR	
		FOUNDATION FOR MEDICINE: BRAIN & BEHAVIOR	
		FOUNDATION FOR MEDICINE: CARDIOVASCULAR & RESPIRATORY	
		FOUNDATION FOR MEDICINE: ENDOCRINE & REPRODUCTION	
		FOUNDATION FOR MEDICINE: RENAL & GASTROINTESTINAL	
		MORPHOLOGICAL & DEVELOPMENTAL BASIS OF MEDICINE	
		MOLECULAR BASIS OF MEDICINE	
2007-2008	08/22/07 - 05/09/08	MECHANISMS OF DISEASE: ENDOCRINE & REPRODUCTIVE SYSTEMS	
		HOST DEFENSE: MECHANISMS & THERAPEUTICS	
		MECHANISMS OF DISEASE: CIRCULATORY & RESPIRATORY SYSTEMS	
		MECHANISMS OF DISEASE: DIGESTIVE & EXCRETORY SYSTEMS	
		MECHANISMS OF DISEASE: THE NERVOUS SYSTEM	
		MECHANISMS OF DISEASE: DERMATOLOGIC, MUSCULOSKELETAL & HEMATOLOGIC SYSTEMS	
		SKILLS & SCIENCE OF DOCTORING II	

Clinical Years
Clerkships

Academic Year	*Session Dates*	*Course Title*	*Grade*
2008-2009	06/30/08 - 08/24/08	Surgery	
	08/25/08 - 09/21/08	Neurology	
	09/22/08 - 11/02/08	Psychiatry	
	11/03/08 - 12/14/08	Obstetrics & Gynecology	
	01/05/09 - 03/01/09	Medicine	
	04/27/09 - 06/21/09	Pediatrics	
2009-2010S	07/04/09 - 07/05/09	Comprehensive Clinical Skills Examination	
2009-2010	08/31/09 - 09/27/09	Ambulatory Care Clerkship	
	09/28/09 - 10/25/09	Advanced Medicine	
	02/01/10 - 02/28/10	Critical Care Medicine Clerkship	

Electives - Pass / Fail Only

Academic Year	*Session Dates*	*Course Title*	*Grade*
2008-2009	03/02/09 - 03/20/09	Infectious Disease-BH	
	03/30/09 - 04/26/09	Womens Health Issues	
2009-2010S	06/22/09 - 07/02/09	The Science Behind Infectious Diseases	
2009-2010	07/06/09 - 08/02/09	Advanced Gynecology	

Academic Transcript Of: Raisler, Katharine Kelsey

2009-2010	08/03/09 - 08/30/09	OB/GYN Research
	01/18/10 - 01/31/10	Anesthesiology-Two Weeks
	03/01/10 - 03/28/10	Diagnostic Radiology-Medical Imaging

M.D. Degree Conferred: May 12, 2010

Remarks:

Date APR 0 5 2016

Not valid as an Official Transcript without Original Signature and Impression of Seal

Maureen Doran, Director
Office of Registration/Student Records

Grading System

Basic Science Years:	P (Pass), NC (Failure Designated as No Credit)
Clinical Years:	A (Outstanding), A- (Excellent), B+ (Very Good), B (Good), C or D (Satisfactory) NC (Failure Designated as No Credit), P (Pass), F (Failure Awaiting Remediation) Grading system changed 2006-2007: H (Honors), HP (High Pass), P (Pass)
Electives:	Pass/Fail Only
Special Designators:	INC (Incomplete Work), CR (Course Credit by Examination), TR (Transfer Credit), NG (No Grade)

JOHNS HOPKINS
UNIVERSITY

Bloomberg School of Public Health
Baltimore, Maryland 21205
www.jhsph.edu

Student Name	Student ID	Date of Birth	JHU Degree and Date Conferred:	Date Printed:4/7/2016
Sznajder, Katharine Kelsey	915205		MPH 05/21/2015	
Currently Pursuing, Start Date:	Current Department:			Page 1 of 1

COURSE NUMBER	COURSE TITLE	GRADE	CREDITS
2014-15 Summer	**MPH**		
PH.180.601	Environmental Health		5.00
PH.300.610	Public Health Policy		4.00
PH.300.615	Tools of PH Practice		1.00
PH.306.601	Intro Ethics in Pract & Research		1.00
PH.340.601	Principles Epidemiology		5.00
PH.380.755	Population Dynamics		2.00
PH.550.860	Academic & Research Ethics At JHSPH		0.00
	GPA CRS: 17.00 TERM GPA:		TOTAL CRS: 18.00
2014-15 First Term	**MPH**		
PH.140.621	Statistical Methods PH 1		4.00
PH.340.751	Epidemiologic Methods 1		5.00
PH.380.840	SS/R: PFRH		1.00
PH.410.600	Fundamentals of HBS		4.00
PH.410.653	Iss In Hlth Communication		1.00
	GPA CRS: 13.00 TERM GPA:		TOTAL CRS: 15.00
2014-15 Second Term	**MPH**		
PH.140.622	Statistical Methods PH 2		4.00
PH.224.689	Health Beh Change Indv and Comm Lev		4.00
PH.301.615	Sem Hlth Disparities		3.00
PH.340.717	Hlth Survey Rsch Methods		4.00
PH.340.752	Epi Methods 2		5.00
PH.380.840	SS/R: PFRH		1.00
	GPA CRS: 12.00 TERM GPA:		TOTAL CRS: 21.00
2014-15 Third Term	**MPH**		
PH.140.623	Statistical Methods PH 3		4.00
PH.224.690	Qualitative Res I:Theory and Method		5.00
PH.340.753	Epi Methods 3		5.00
PH.380.840	SS/R: PFRH		1.00
PH.551.603	Fund Budget'g & Fin Mgt		3.00
	GPA CRS: 17.00 TERM GPA:		TOTAL CRS: 18.00
2014-15 Fourth Term	**MPH**		
PH.140.624	Statistical Methods PH 4		4.00
PH.224.691	Qualitative Res II: Data Analysis		5.00
PH.306.660	Legal Issues Intimacy		0.00
PH.340.800	MPH Capstone Epidemiolgy		2.00
PH.380.761	STI in Public Health Practice		4.00
PH.410.663	Media Advoc: Theory Prac		0.00
	GPA CRS: 13.00 TERM GPA		TOTAL CRS: 15.00

Advisor History

MPH: Becker, Stanley 9/3/2014 - 5/15/2015 - (Primary Advisor)

Academic and Research Ethics at JHSPH Completed, 09/03/2014
MPH Degree Awarded, 05/21/2015
MPH Concentration In Epidemiologic & Biostatistical Methods For Public Health & Clinical Research

*******End Of Transcript*******

2

OFFICIAL ONLY IF RECEIVED IN SEALED JOHNS HOPKINS UNIVERSITY ENVELOPE

APR 08 2016

Not official unless signed and impressed with University seal and received in sealed Johns Hopkins University envelope.

THIS INFORMATION HAS BEEN RELEASED IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND CANNOT BE FURTHER DISCLOSED TO ANY OTHER PARTY WITHOUT THE PRIOR WRITTEN CONSENT OF THE STUDENT.

Leslie A Nicotera, Registrar

(6)

YALE UNIVERSITY

Student No: 903824397

Date Issued: 05-APR-2016
UGSP

Record of: Katharine Kelsey Raisler

Page: 1

Issued To: DC BOARD OF MEDICINE
MD NEW LICENSE APPLICATION
HRLA 1
PO BOX 37801
WASHINGTON, DC 20013

College : Yale College DC 05
Major : Latin American Studies

Events: Distinction in Major 1
CUM LAUDE

Degree(s) Awarded :
Bachelor of Arts 23-MAY-2005

SUBJ	NO.	COURSE TITLE	CRED	GRD
TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:				
High School		Acceleration credit equiv. of		
HIST	ACC1	Accel Credit US History	1.00	
MATH	ACC1	Accel Credit Math (Calculus)	2.00	
PHYS	ACC1	Accel Credit Phys (Intro Phys)	1.00	
PLSC	ACC1	Accel Credit US Govt & Pol	1.00	
SPAN	ACC1	Accel Credit Spanish	2.00	
Fall 2001				
ART	114	Basic Drawing	1.00	
CHEM	114	ComprehensiveGeneralChemistry	1.00	
CHEM	116	General Chemistry Laboratory	0.50	
ENGL	115	Intro to Literary Study	1.00	
PSYC	110	Intro to Psychology	1.00	
Spring 2002				
CHEM	114	ComprehensiveGeneralChemistry	1.00	
CHEM	116	General Chemistry Laboratory	0.50	
ENGL	118	Intro Seminars Writing & Lit	1.00	
HIST	137	InternationalHistoryU.S.20th C	1.00	
MATH	120	CalculusFunctnsSeverlVariables	1.00	
SPAN	223	Intro to New Latin Amer Cinema	1.00	

*************** CONTINUED ON NEXT COLUMN ***************

SUBJ	NO.	COURSE TITLE	CRED	GRD
Institution Information continued:				
Fall 2002				
CHEM	220	Organic Chemistry	1.00	
CHEM	222	Lab for Organic Chemistry I	0.50	
PHYS	200	Fundamentals of Physics	1.00	
PHYS	205	Modern Physical Measurement	0.50	
PLSC	377	Latin American Politics	1.00	
Spring 2003				
ANTH	207	Peoples&CulturesLatinAmerica	1.00	
CHEM	221	OrganicChemistryLifeProcesses	1.00	
CHEM	223	Lab for Organic Chemistry II	0.50	
PHYS	201	Fundamentals of Physics	1.00	
SPAN	224	Span inPltcsIntrnatRltns&Media	1.00	
Fall 2003				
ER&M	200	IntroToEthnicityRace&Migration	1.00	
INTS	101	InternationlIdeas&Institutions	1.00	
MCDB	200	Genetics	1.00	
MCDB	201	Laboratory for Genetics	0.50	
PHYS	206	Modern Physical Measurement	0.50	
PORT	118	PortugueseFor Spanish Speakers	1.00	
Spring 2004				
E&EB	123	Lab:PrinciplesOfEvolEcol&Behav	0.50	
HIST	358	Mexico in 19th-20th Centuries	1.00	
LAST	314	ContempIssues:LatinAmericnStud	1.00	
MCDB	240	Biology of Reproduction	1.00	
PORT	118	PortugueseFor Spanish Speakers	1.00	
Fall 2004				
AFAM	112	NewYorkMambo: BlackCreativity	1.00	

*************** CONTINUED ON PAGE 2 ***************

This transcript is printed over a reproduction, in blue ink, of *A Front View of Yale-College*, from a woodcut printed by Daniel Bowen in 1786. The building on the right survives as Connecticut Hall, on Yale's Old Campus.

Gabriel G. Olszewski

Gabriel G. Olszewski, University Registrar

Student No: 902824397 Date Issued: 05-APR-2016
UGSP

Record of: Katharine Kelsey Raisler
Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRED	GRD
Institution Information continued:			
HIST 261	The Cold War	1.00	
HIST 362	ColnyNatnDiaspra:Cuba&PrtoRico	1.00	
MCDB 300	Biochemistry	1.00	
Spring 2005			
ANTH 480	AnthropolOfHealth&SocialChange	1.00	
HIST 348	StateSociety&CultreInMddleEast	1.00	
LAST 491	The Senior Essay	1.00	
SPAN 267	StudiesInLatinAmerLiteratureII	1.00	
Distinction in Latin American Studies			

**************** END OF TRANSCRIPT *****************

This transcript is printed over a reproduction, in blue ink, of *A Front View of Yale-College*, from a woodcut printed by Daniel Bowen in 1786. The building on the right survives as Connecticut Hall, on Yale's Old Campus.

Gabriel G. Olszewski

Gabriel G. Olszewski, University Registrar

3

DC Department of Health
Board of Medicine Character Reference Form

Board of Medicine
899 North Capitol St., NE 1st Flr.
Washington, DC 20002

(202)-724 4900

Please print/type name and location of setting completing this form (Should match setting listed on chronological page of application). Please note, this is not to be used as a substitute for a verification of your experience.

Johns Hopkins University School of Medicine
Baltimore, MD

Katharine Sznajder, MD, MPH
Please clearly print/ type name of Applicant

The District of Columbia Board of Medicine, in its consideration of a candidate for licensure, depends on information by persons listed (references) regarding the candidate's character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all my references to release to the D.C. Board of Medicine any information requested by the Board in connection with the processing of my application.

Signature of Applicant [signature]

Item #1 must be completed, or form may be invalid

1. Date and type of service: This individual served with us as Family Planning Fellow
from 7/14 (Month/Year) to 7/16 (Month/Year). If you are responding for a training program, please provide the number of months of postgraduate training awarded 24.

2. Please evaluate: (Indicate with check mark)

		Poor	Fair	Good	Superior
Professional knowledge					✓
Clinical judgment					✓
Relationship with patients					✓
Ethical/professional conduct					✓
Interest in work					✓
Ability to communicate					✓

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a state regulatory agency or board, employer hospital or health care facility ? Yes☑; *(if yes, please explain on a separate sheet)* No☐

4. Recommendation: (please indicate with check mark)
   - Recommend highly and without reservation ☐; Recommend as qualified and competent ☐
   - Recommend with some reservation (explain) ______
   - Do not recommend (explain) ______

5. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

6. The above report is based on: (please indicate with check mark)
   - Close personal observation ☑; General impression ☑; A composite of evaluations ☑;
   - Other: ______

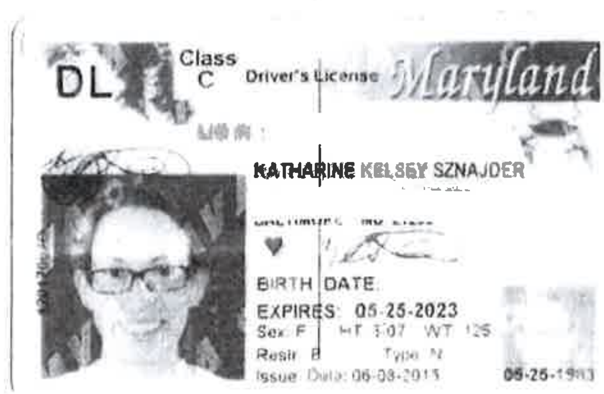
7. Relationship to applicant
   - Program Director☑; Immediate Supervisor☐; Other: ______

Date (Required): ______

Signed by: [signature]
Print or type name: Anne Burke
Title: Assoc. Prof / Faculty
Organization/Institution: JHMI

PLEASE USE SPACE ON BACK TO PROVIDE ADDITIONAL INFORMATION AS DESIRED.

2


DL
Class
C
Driver's License
Maryland
KATHARINE KELSEY SZNAJDER
BIRTH DATE:
EXPIRES: 05-25-2023
Sex: F
Resir: B
Type: N

10

(5)

STATE OF MARYLAND

DHMH Board of Physicians

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

April 11, 2016

Virginia Board of Medicine
9960 Maryland Drive
Suite 300
Henrico VA 23233-14

This is to verify the records of the Maryland Board of Physicians. The following information is available under the Maryland Public Information Act, State Government Article, Section 4-333, regarding the following practitioner:

Katharine Kelsey Sznajder

For the Practice of:	Physician-M.D.
License Number:	D77597
Date Issued:	**04/10/2014**
Current Status:	**Active**
Expiration Date:	**09/30/2017**
*Disciplinary Actions:	**No disciplinary actions.**

**Disciplinary information can be found on our website. Go to https://www.mbp.state.md.us and select Search Practitioner Profiles.*

For malpractice claim information, please contact the Maryland Health Care Alternative Dispute Resolution Office 410.767.8200.

Respectfully,

Maryland Board of Physicians
Verification Unit

(11)

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, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 --Telephone (817)868-4000

Recipient: **Date:** 04/08/2016

DISTRICT OF COLUMBIA BOARD OF MEDICINE

Examinee: Sznajder, Katharine Kelsey **Examinee ID:** 52106010

Alt Name(s): Raisler, Katharine Kelsey **Date of Birth:**

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, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/7/2008	Pass			

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
11/16/2009	Pass			

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
9/26/2009	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
11/22/2011	Pass			

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

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 5500000109175571
Process Date: 06/21/2016

SZNAJDER, KATHERINE
For authorized use by:
DEPARTMENT OF HEALTH

SZNAJDER, KATHERINE - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: SZNAJDER, KATHERINE
Date of Birth:
Gender: FEMALE
Home Address:
Social Security Number:
License: PHYSICIAN (MD), NO LICENSE, OBSTETRICS & GYNECOLOGY
Professional School(s): JOHN HOPKINS BLOOBERG SCHOOL OF PUBLIC HEALTH (2015)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE (2010)
YALE UNIVERSITY SCHOOL OF MEDICINE (2005)

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: DEPARTMENT OF HEALTH (DBID ending in ...32)
Authorized Submitter: ANGEA BRAXTON, HEALTH LICENSING SPECIALIST, (202) 724-2108

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 06/21/2016

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------------------------- **No Reports Found** ----------------------------

①

MALPRACTICE HISTORY

(Please copy and use a separate sheet for each individual claim)

Patient/Plaintiff: Cindy Bravo, as conservator of the estate of Noah Monk, a minor

Physician/Defendant: Kate Raisler, MD

Date of Incident: November 18, 2012

Date of Claim/Suit: January 22, 2015

Allegations (as listed on summons):
"Used excessive lateral traction and/or rotation forces to the neck during the delivery of Noah Monk"

"Failed to recognize and manage a shoulder dystocia without causing a [brachial plexus] injury"

What is (was) your involvement in the event? (medical summary with 1-2 paragraphs describing medical facts of the case, use separate piece of paper if necssary)
I was a third year resident on call when one of the laboring patients had a prolonged bradycardia and was emergently brought to the OR, where I met her for the first time. Given she was multiparous and completely dilated, the fastest way to deliver the baby was vaginally. The decision was made to perform a vacuum assisted vaginal delivery to expedite delivery. A shoulder dystocia was encountered. The appropriate maneuvers were used to deliver the child quickly but unfortunately he suffered a brachial plexus injury.

How long is (was) the patient in your care? During one shift on labor and delivery

What is (was) your status?
- [ ] Primary Defendant
- [x] Co-Defendant
- [ ] Other

Identify other defendants: Will not disclose for the purpose of confidentiality

Satus of Claim/Suit: Pending

Case Number (if applicable): n/a

If resolved, date resolved: n/a

Settlement amount (if applicable): n/a

Resolution: n/a

If pending, list dates for the following:

Settlement Proceedings:

Mediation:

Trial: TBD

Name/phone of involved carrer:

Other information in regards to this claim/suit:

Person | Facility

First Name		Last Name		Profession	---
License Number	MD044417	SSN		License Type	---
Address Line1		Address Line2		Address Line3	
City		State	---	Zip Code	
Phone Number		License Status	<All Status>		

Search | Clear

Search Results

Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
Sznajder, Katharine K. **MEDICINE AND SURGERY**	Kaiser Permanente Capitol Hill Medical Center Washington DC 20002		MD044417		06/30/2016	12/31/2018	Activ

All Licenses held by - Sznajder, Katharine K.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	Kaiser Permanente Capitol Hill Medical Center Washington DC 20002		MD044417		Active
CONTROLLED SUBSTANCE	KAISER PERMANENTE CAPITOL HILL MEDICAL CENTER Washington DC 20002	Practitioner - Physician	CS1600578		Active

Archive | Reapply | Complaints

Person

First Name:	Katharine
Middle Name:	K.
Last Name:	Sznajder
Suffix:	
Date of Birth:	
Place Of Birth:	
Gender:	F
SSN	
Address Line 1	
Address Line 2:	
Address Line 3:	
Address Line 4	
Date Deceased:	
Registration Code:	41924871

License

License Number:	MD044417
License Type:	MEDICINE AND SURGERY
Renewal Id:	
Profession:	MEDICINE
Sub Type:	
Date This Status:	06/30/2016
Status:	Active
Effective Date:	01/01/2017
Reason Changed:	License Issuance
Expiration Date:	12/31/2018
Issue Date:	06/30/2016
from Country:	
State/Prov:	
Application Recd Date:	05/13/2016
Obtained By:	Waiver of Examination
Reinstatment App Recd Date:	
Date Last Renewal:	10/13/2016
Disciplinary Limit Flag:	N
Last Reprint Date:	

Facility

Full Name:	Katharine K. Sznajder
PersonId:	261334
Owner/Manager:	
Address Line1:	
Address Line2:	
Address Line3:	
Address Line4:	

Practice Information

Details

In Active Practice Now?:	
Practice In DC:	
Active Practice in DC: Hours per week?:	

Alias

Last Name	Date Changed	Alias Type Label
Raisler	05/18/2016	Legal Name Change

License Bond

No Data

Employment

No Data

Education

School Name	School Type	Date Graduated	Degree Certificate
New York University School of Medicine	College / University	05/01/2010	Doctorate

CE Credits By Cycle

Current cycle		0.00	Not checked

Employers for License

No Data

Specialties

Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology	Y		

Requirements

Name	Status	Date
No Data		

Prerequisites

Name	License Type	License Number	Status
No Data			

Schedules

No Data

CBC Override

Details

Date to Override:	Comments:
No Data	

Inital/Renewal Question Answers

Group Name	Group Response
No Data	

Criminal Background Check

Details

FBI Result	FBI Result Date	State Result	State Result Date
Negative	04/14/2016	Negative	04/20/2016

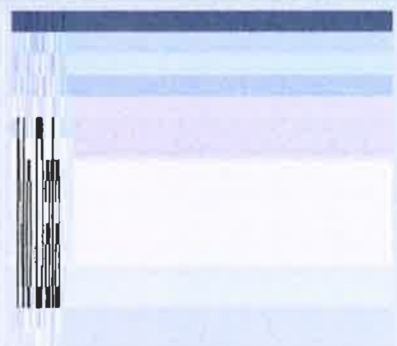
Inspection

No Data

Exam

Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Photo ID



Person Or Facility Document

Date Uploaded	Description	Category	Amendments
05/18/2016		Person	N

Summary

Name	Address	License Type	License Number	License Status
Katharine K. Sznajder	Kaiser Permanente Capitol Hill Medical Center 700 2nd Street NE Washington DC 20002	MEDICINE AND SURGERY	MD044417	Active

License Summary

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD044417	Active			Waiver of Examination	06/30/2016

Remarks List

Date Last updated	Remarks	Updated By
No data found		

Add Remark

Save | Clear

Back