

Credential View Screen [update]



Elizabeth Ann Micks Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail <input type="radio"/> Renewal Mail <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> [change public address] Elizabeth Ann Micks 705 22nd St Sacramento, CA 95816-4011 </div>		ID 947704 Warnings SSN/FEIN 1 - DOH Licens... Contact Standing Living Contact Type INDIVIDUAL Birth Date 11/25/1979 Public File YES Mailing List Email: emicks@gmail.com	Contact Audit Public Case Cont. Edu Documents Owned By/ Exams Experience Notes Schools Supervises Supervised Librarian Application Other Stat
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Comments:

Physician And Surgeon License [update] [form letter]

Credential # MD.MD.60150794 Application Date 04/08/2010 Effective Date Expiration Date First Issuance Date Last Date Of Contact 04/08/2010 CE Due Date	Credential Status PENDING (04/08/2010) Status Reason INITIAL APPLICATION IN PROCESS Amount Due (\$50.00) Date Last Activity 4/29/2010 4:38:29 PM Last Updated by McLucas, Britni Certificate Sent Date Work Queue Legacy, DOH	Auc Doc Woi Key Fee Not Prin Cor Rer
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Comments:

Supervises	User Defined License Data	Workflow	Legacy	HIPDB
User Definable License Data [update]		Method of Licensure ENDORSEMENT Medical Speciality OB/GYN Cash Receipt Sequence Number 02108 Cash Receipt Date 20100402 Cash Receipt Batch Number 0602		

RECEIVED
 MAY 03 2010

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

FINGERPRINT
 APR 30 2010
 CSO/Credentialing background

PHYSICIAN & SURGEON



550

REVENUE SECTION



PRINT NAME MICKS, Elizabeth

RETURN THIS PORTION
WITH CHECK & APPLICATION

LF 0252090000 00236

11 2 108 11

2108-4/2/2010 7:32:07 AM-602

\$550.00

Medical Quality Assurance Commission Physician Application Worksheet

Name MICKS, ELIZABETH Date of Birth 11/25/1979 REVIEW ☐

Date Received 4/2/10 Temp Issued ☐ Number Closed ☐ INITIALS ☐

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-13 ☒ AIDS ☒ Attes ☒ SSN ☐ EBHAR ☐

Chronology <input type="checkbox"/> Complete	MISSING to _____ to _____ to _____	<input type="checkbox"/> 4/22/10 FSMB	<input type="checkbox"/> 4/22/10 AMA	<input type="checkbox"/> ECFMG	<input checked="" type="checkbox"/> FBI REPORT
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Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
_____	_____	1 _____	_____	_____
_____	_____	2 _____	_____	_____
_____	_____	3 _____	_____	_____
_____	_____	4 _____	_____	_____
_____	_____	5 _____	_____	_____
_____	_____	6 _____	_____	_____
_____	_____	7 _____	_____	_____

Medical School
 Name JEFFERSON Year of Degree 2006 ☐ 4/14/10 Transcripts ☐ Translations ☐

Examination Type ☐ National ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☐ 3/29/10 Scores Received ☐

Post Graduate Received Training Programs	review	Post Graduate Received Training Programs	review
4/20/10 DAVID 06/06-PRESENT	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Received	State	review	Received	Hospital verification	review	Received	Hospital verification
	CA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Approved Betty Elliott Date 5-7-10
 Signature _____ Date _____
 Comments: _____



Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360.236.2766
M-Z 360.236.2767

Background Check Processed

APR 09 2010

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

RECEIVED

APR 02 2010

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Revenue 0252090000

Medical Practice License Application for MDs only

- ☐ National Boards ☐ Other State Exam ☐ LMCC (Must have been obtained after 1969)
☐ Flex Examination ☒ USMLE Examination

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

☐ Male
☒ Female

1 - DOH Licensee Social Security Number - RCW 42.56.3...

Name

First

Middle

Last

Elizabeth

Ann

Micks

Birth date (mm/dd/yyyy)

11/25/1979

Place of birth

City

Fortuna

State

CA

Country

USA

Address

705 22nd St.

City

Sacramento

State

CA

Zip

95816

County

Sacramento

Country

USA

Phone (916) 281-5600

Fax (916) 734 6666

Cell (916) 281 5600

Email address

emicks@gmail.com

Mailing address (if different from above)

City

State

Zip

County

Country

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

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

Will documents be received in another name? ☐ Yes ☒ No

If yes, list name(s):

Medical Specialty

Medical school Jefferson Medical College

Year of graduation 2006

Medical specialty OB/GYN

2. Personal Data Questions

Yes No

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

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

If you answered yes to question 1, explain:

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

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

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

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

"Currently" means within the past two years.

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

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☒
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

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

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

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

2. Personal Data Questions (Cont.)

Yes No

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

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

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

3. Medical Education and Experience

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

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
Jefferson Medical College of Thomas Jefferson Univ.	MD	4	08/2002	06/2006
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. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
Univ. of California Davis Medical Center, Sacramento, CA	06/25/2006	present	OB/GYN Residency

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

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

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy

6. Licenses in Other States

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

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
California	8/29/07	A101359			Active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

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

Applicant's initials	Date
EM	3/24/10

8. Applicant's Photograph

Photo Here



Height 5'10"
Weight 150
Hair color Brown
Color of eyes Hazel

9. Applicant's Attestation

I, Elizabeth Micks, declare under penalty of perjury under the
(Print applicant name clearly)

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

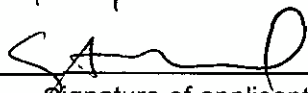
- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

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

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

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

Dated 3/24/16 at Sacramento, CA (city, state)

By: 
Signature of applicant



Washington State Department of
Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360.236.2766
M-Z 360.236.2767

MD
RECEIVED

APR 14 2010

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Request for Medical School Transcripts

Jefferson Medical College
University Medical School
1015 Walnut St. Room G-22
Address
Philadelphia, PA 19107

I am applying for license to practice medicine in the state of Washington. Please send a copy of my medical school transcripts (with the MD degree and date granted posted) directly to the Washington State Medical Quality Assurance Commission at the address below. Thank you for your assistance.

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

I authorize release of my medical school transcripts to be sent to Department of Health

Signature [Signature] Date 3/24/10

Applicant: Please complete the identifying information below to assist the registrar's office in processing your request.

Student name Elizabeth Micks
Social Security Number 1 - DOH Licensee Social Security Number - RC...
Year of graduation 2006
Birth date 11/25/79

Student No: XXX-XX-0130

Record of: Elizabeth Ann Micks, M.D.
*** WARNING ***
--No Address--

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5099
215-503-8734

Date Issued: 02-APR-2010



Page: 1
Thomas Jefferson University

Official

Prior College: College Of The Redwoods ND
Stanford University BA

Acad. Events: Passed Sophomore Comp. Exam
June 2004

Passed Senior Comp. Exam
June 2005

+Cumulative Credit and Grade

Issued End of Third-Four

Week Block

Degree Awarded : Doctor of Medicine 02-JUN-2006
Major : Medicine

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
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Continuous Curriculum, 2002

08/26/02 - 06/20/03

IDPT 111	Doctor in Health and Illness	HON	8.0
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First Year - Block 01

08/26/02 - 12/20/02

ANAT 100	Human Anatomy	PASS	8.0
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BIOC 100	Biochemistry	PASS	8.0
----------	--------------	------	-----

First Year - Block 02

01/06/03 - 01/24/03

IDPT 121	Ethics	PASS	2.0
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IDPT 122	Genetics	PASS	2.0
----------	----------	------	-----

IDPT 123	Information Retrieval Techniq	P	0.0
----------	-------------------------------	---	-----

IDPT.124	Health Policy	PASS	2.0
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PHAR 100	Biostatistics	PASS	2.0
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***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
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Continued:

First Year - Block 03

01/27/03 - 05/16/03

ANAT 101	Microscopic Anatomy	PASS	8.0
----------	---------------------	------	-----

IDPT 101	FCM-First Aid Medicine/Emerg.	P	2.0
----------	-------------------------------	---	-----

IDPT 102	Phys Approach to Patient Care	HON	2.0
----------	-------------------------------	-----	-----

PHYS 100	Physiology	PASS	8.0
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First Year - Block 04

05/19/03 - 06/20/03

IDPT 150	Neurosciences	PASS	8.0
----------	---------------	------	-----

Continuous Curriculum, 2003

08/11/03 - 06/18/04

IDPT 201	Doctor in Health & Illness II	PASS	6.0
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Second Year - Block 01

08/25/03 - 12/19/03

IDPT 200	Found of Pathology/Pharmacol	HON	6.0
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MICR 201	Immunity, Infection & Disease	PASS	12.0
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Second Year-Block 02 Extended

11/17/03 - 05/14/04

IDPT 202	Found. of Clinical Medicine	PASS	32.0
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IDPT 202	Cardiovascular/Water Balance	P	0.0
----------	------------------------------	---	-----

IDPT 202	Nephrology/Pulmonary	P	0.0
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IDPT 202	GI/Endocrinology	P	0.0
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IDPT 202	Neuro/Psych/Ophth	P	0.0
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IDPT 202	Hematology/Neoplastic Diseases	P	0.0
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IDPT 202	Derm/Muscoskel/Reproductive	P	0.0
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IDPT 202	Topics in Clinical Medicine	HON	0.0
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***** CONTINUED ON PAGE 2 *****

APR 7 2010

Date

JEFFERSON MEDICAL COLLEGE
of
THOMAS JEFFERSON UNIVERSITY

GENERAL INFORMATION ON THE EDUCATION PROGRAM

ACCREDITATION - Jefferson Medical College is accredited by the Liaison Committee on Medical Education.

THE CALENDAR - The calendar for the first two years of study consists of variable length blocks totaling 35 to 38 weeks each year. The clinical curriculum for the final two years consists of 100 weeks, of which 84 weeks are required, and 16 weeks are vacation. Phase I clinical curriculum is 60 weeks. Phase II clinical curriculum is 40 weeks.

COURSE DESIGNATION - All courses offered for credit by the departments of Jefferson Medical College, whether required or elective, laboratory sessions, lectures, or clerkships, are designated by Course number and title.

COURSE NUMBERING

100 - 199 First Year Courses (Core Curriculum)	300 - 399 Clinical Curriculum (Phase I)
200 - 299 Second Year Courses (Core Curriculum)	400 - 499 Clinical Curriculum (Phase II)

CORE CURRICULUM GRADING SYSTEM - Beginning with the 2002-03 academic year, an Honors (H), Pass (PAS), Fail (F) grading system was phased into the Core Curriculum. Prior to this, courses in the Basic Medical Sciences had a numerical grade in the range 0-100, with the minimal passing grade established at 70. Certain courses were issued grades of Superior (SU), Pass (P), or Fail (F).

CLINICAL CLERKSHIP GRADING SYSTEM - Phase I clinical courses have two grades recorded on the student's academic record. One grade is qualitative and reflects the student's overall clinical performance, skills, and attitude during the clerkship. These grades are designated as follows. The second grade reflects the knowledge component of that course as generally determined by objective examination. This grade is on a numerical scale of 0-100, with the minimum passing grade established at 70.

<u>Prior to 1997-98</u>		<u>1997-98 Forward</u>	
HON (4) =	High Honors	HON =	High Honors
AEC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
INC (I) =	Incomplete	INC =	Incomplete
F =	Failure	F =	Failure

Phase II clinical grades are recorded with the following grades. No objective examination is given.

HON (4) =	High Honors	HON =	High Honors
AEC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
INC (I) =	Incomplete	INC =	Incomplete
F =	Failure	F =	Failure

NR NOTATION - "NR" indicates a course for which a student has been registered, but for which no grade had been received at the time the transcript was produced.

SEM COLUMN - The "SEM" column contains a one-digit standard error of measurement figure which was used with all computer analyzed objective examinations during the academic years of 1972-73 to 1986-87. The SEM was an indication of the probable range within which the student's true grade existed. For example, a grade of 84 with an SEM score of 2 would indicate a true grade in the range 82-86 (84 \pm 2 points).

UNITED STATES MEDICAL LICENSING EXAMINATIONS - A passing score on the USMLE Step 1 Examination is required for promotion into the Third Year. Passage of the USMLE Step 2 Examination is required to graduate.

Student No: XXX-XX-0130

Date Issued: 02-APR-2010

Record of: Elizabeth Ann Micks, M.D.
Level: First ProfessionalUniversity Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5099
215-503-8734OFF
Thomas
Jefferson
University

2

SUBJ NO.	COURSE TITLE	GRADE	CREDITS	SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Continued:				Continued:			
IDPT 204	Physical Diagnosis	HON	6.0	OBYG 351	Examination	99	2.0
Clinical Curriculum - Block 01				Clinical Curriculum - Block 19			
07/06/04 - 08/13/04				03/28/05 - 04/22/05			
SURG 350	Clin Clkshp Lank	HON	7.0	MED 350	Clin Clkshp-TJUH	+	0.0
SURG 351	Examination	89	2.0	Clinical Curriculum - Block 20			
Clinical Curriculum - Block 02				04/25/05 - 05/20/05			
08/16/04 - 09/24/04				MED 350	Clin Clerk-Guthrie	+	0.0
PSYH 350	Clin Clkshp TJUH	HON	7.0	Clinical Curriculum - Block 21			
PSYH 351	Examination	88	2.0	06/06/05 - 07/01/05			
Clinical Curriculum - Block 03				MED 350	Clin Clerk-Guthrie-3	EXCELL	14.0
09/27/04 - 11/05/04				MED 351	Examination	90	4.0
FMED 350	Clin Clkshp TJUH	EXCELL	7.0	Clinical Curriculum - Block 11			
FMED 351	Examination	94	2.0	08/01/05 - 08/26/05			
Clinical Curriculum - Block 04				OBYG 405	Clin Clkshp	HON	6.0
11/08/04 - 12/17/04				Clinical Curriculum - Block 12			
IDPT 410	Surg Subs-Urol-TJUH	PASS	4.5	08/29/05 - 09/23/05			
IDPT 410	Surg Subs-Anest-Lank	PASS	4.5	OBYG 405	Clin Clkshp	HON	6.0
Clinical Curriculum - Block 05				Clinical Curriculum - Block 13			
01/03/05 - 02/11/05				09/26/05 - 10/21/05			
PED 350	Clin Clkshp Del Valley	GOOD	7.0	MED 401	Inpatient TJUH	EXCELL	6.0
PED 351	Examination	97	2.0	Clinical Curriculum - Block 14			
Clinical Curriculum - Block 06				10/24/05 - 11/18/05			
02/14/05 - 03/25/05				***** CONTINUED ON PAGE 3 *****			
OBYG 350	Clin Clkshp TJUH	HON	7.0				
***** CONTINUED ON NEXT COLUMN *****							

In accordance with the Family Educational Rights and Privacy Act of 1974, this information may not be released to any other party without the student's written consent.

David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

APR 7 2010

Date

Translucent globe icons must be visible from both sides when held toward a light source. This officially sealed and signed transcript is printed on blue SCRIP-SAFE® security paper with the signature printed in white. A raised seal is not required. When photocopied a security statement containing the name of the institution will appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

MICKS, ELIZABETH TD60157295 AND MD60150794 PAGE 14

JEFFERSON MEDICAL COLLEGE
of
THOMAS JEFFERSON UNIVERSITY

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ABC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
INC (I) =	Incomplete	INC =	Incomplete
F =	Failure	F =	Failure

Phase II clinical grades are recorded with the following grades. No objective examination is given.

HON (4) =	High Honors	HON =	High Honors
AEC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
INC (I) =	Incomplete	INC =	Incomplete
F =	Failure	F =	Failure

NR NOTATION - "NR" indicates a course for which a student has been registered, but for which no grade had been received at the time the transcript was produced.

SEM COLUMN - The "SEM" column contains a one-digit standard error of measurement figure which was used with all computer analyzed objective examinations during the academic years of 1972-73 to 1986-87. The SEM was an indication of the probable range within which the student's true grade existed. For example, a grade of 84 with an SEM score of 2 would indicate a true grade in the range 82-86 (84 \pm 2 points).

UNITED STATES MEDICAL LICENSING EXAMINATIONS - A passing score on the USMLE Step 1 Examination is required for promotion into the Third Year. Passage of the USMLE Step 2 Examination is required to graduate.

Student No: XXX-XX-0130

Date Issued: 02-APR-2010

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5099
215-503-8734



OFF
Thomas
Jefferson
University 3

Record of: Elizabeth Ann Micks, M.D.
Level: First Professional

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
----------	--------------	-------	---------

Continued:

OBGY 402	Outpatient Subinternship TJUH	EXCELL	6.0
----------	-------------------------------	--------	-----

Medical Clinical Curric-Blk 16

01/03/06 - 01/27/06

OBGY 407	Gyn Endocrine	GOOD	6.0
----------	---------------	------	-----

Medical Clinical Curric-Blk 17

01/30/06 - 02/24/06

EMRG 400	Emerg Med/Adv Clin Skills-Meth	GOOD	6.0
----------	--------------------------------	------	-----

Medical Clinical Curric-Blk 18

02/27/06 - 03/24/06

IDPT 400	Neuro/Rehab Medicine	PASS	6.0
----------	----------------------	------	-----

Medical Clinical Curric-Blk 19

03/27/06 - 04/21/06

FMED 404	Elective	EXCELL	6.0
----------	----------	--------	-----

Medical Clinical Curric-Blk 20


04/24/06 - 05/19/06

PATH 401	Adv Basic Sci TJUH	EXCELL	6.0
----------	--------------------	--------	-----

**** IN PROGRESS WORK ****

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

In accordance with the Family Educational Rights and Privacy Act of 1974, this information may not be released to any other party without the student's written consent.


David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

APR 7 2010
Date

Translucent globe icons must be visible from both sides when held toward a light source. This officially sealed and signed transcript is printed on blue SCRIP-SAFE® security paper with the signature printed in white. A raised seal is not required. When photocopied a security statement containing the name of the institution will appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

JEFFERSON MEDICAL COLLEGE
of
THOMAS JEFFERSON UNIVERSITY

GENERAL INFORMATION ON THE EDUCATION PROGRAM

ACCREDITATION - Jefferson Medical College is accredited by the Liaison Committee on Medical Education.

THE CALENDAR - The calendar for the first two years of study consists of variable length blocks totaling 35 to 38 weeks each year. The clinical curriculum for the final two years consists of 100 weeks, of which 84 weeks are required, and 16 weeks are vacation. Phase I clinical curriculum is 60 weeks. Phase II clinical curriculum is 40 weeks.

COURSE DESIGNATION - All courses offered for credit by the departments of Jefferson Medical College, whether required or elective, laboratory sessions, lectures, or clerkships, are designated by Course number and title.

COURSE NUMBERING

100 - 199 First Year Courses (Core Curriculum)	300 - 399 Clinical Curriculum (Phase I)
200 - 299 Second Year Courses (Core Curriculum)	400 - 499 Clinical Curriculum (Phase II)

CORE CURRICULUM GRADING SYSTEM - Beginning with the 2002-03 academic year, an Honors (H), Pass (PAS), Fail (F) grading system was phased into the Core Curriculum. Prior to this, courses in the Basic Medical Sciences had a numerical grade in the range 0-100, with the minimal passing grade established at 70. Certain courses were issued grades of Superior (SU), Pass (P), or Fail (F).

CLINICAL CLERKSHIP GRADING SYSTEM - Phase I clinical courses have two grades recorded on the student's academic record. One grade is qualitative and reflects the student's overall clinical performance, skills, and attitude during the clerkship. These grades are designated as follows. The second grade reflects the knowledge component of that course as generally determined by objective examination. This grade is on a numerical scale of 0-100, with the minimum passing grade established at 70.

<u>Prior to 1997-98</u>		<u>1997-98 Forward</u>	
HON (4) =	High Honors	HON =	High Honors
AEC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
INC (I) =	Incomplete	INC =	Incomplete
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Phase II clinical grades are recorded with the following grades. No objective examination is given.

HON (4) =	High Honors	HON =	High Honors
AEC (3) =	Above Expected Competence	EXCEL =	Excellent
EXP (2) =	Expected Competence	GOOD =	Good
MAR (1) =	Marginal Competence	MAR =	Marginal Competence
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SEM COLUMN - The "SEM" column contains a one-digit standard error of measurement figure which was used with all computer analyzed objective examinations during the academic years of 1972-73 to 1986-87. The SEM was an indication of the probable range within which the student's true grade existed. For example, a grade of 84 with an SEM score of 2 would indicate a true grade in the range 82-86 (84 ± 2 points).

UNITED STATES MEDICAL LICENSING EXAMINATIONS - A passing score on the USMLE Step 1 Examination is required for promotion into the Third Year. Passage of the USMLE Step 2 Examination is required to graduate.



Thomas
Jefferson
University

Office of the Registrar
1015 Walnut Street
Suite G22 Curtis Building
Philadelphia, PA 19107-5099

04/09/10

MAILED AT
READING PA
DROP SHIPMENT
AUTHORIZATION 139

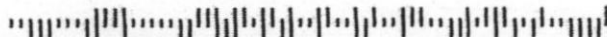
RESORTED
FIRST CLASS



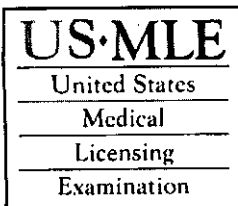
INCOMING 04/14/2010 01:25 AM

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

BEXXSP1 98504



OFFICIAL TRANSCRIPT ENCLOSED



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 : 03/29/2010

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Maryella Jansen, Executive Director
243 Israel Road SE
Tumwater, WA 98501

Examinee: Micks, Elizabeth
Alt Name(s): Micks, Elizabeth Ann

Examinee ID#: 5-139-529-1
Date of Birth: 11/25/1979

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	
06/26/2004	Pass	237	182	96	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/25/2005	Pass	243	182	98	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
10/04/2005	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CALIFORNIA	01/22/2007	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".



Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360.236.2766
M-Z 360.236.2767

RECEIVED

APR 20 2010 MD

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

To: Post-Graduate Training Program Director

Facility Name Univ. of California Davis Medical Center

Address 4860 Y St. Suite 2500 Sacramento, CA 95817

RE: Verification/evaluation of training

I am applying for a license to practice as a physician in the state of Washington and before my application can be reviewed, a verification and evaluation of 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.**

11/25/79

Elizabeth Micks

Applicant (Print or type)

Birth date

Signature of applicant

Elizabeth Micks

was engaged in postgraduate training in our program UC Davis Medical Center

start 06/2006 end 06/2010

in the field of Obstetrics and Gynecology

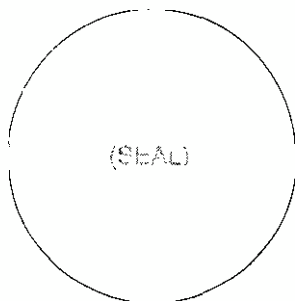
2. At the time this individual was in training, was this program accredited through the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons, or the College of Family Physicians of Canada? ☒ Yes ☐ No If not, does this training program qualify this individual for board certification? ☐ Yes ☐ No

3. Was the participant ever placed on probation, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain _____

4. Did this applicant successfully complete this training program? currently completing program ☐ Yes ☐ No

Return to:

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



Signature

Martha Mottis

Title

Residency Coordinator

Hospital

University of California, Davis
(Please type or print)

Address

4860 Y Street, Suite 2500
Sacramento CA 95817

Date

3/30/10

Telephone

916-734-16978



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
2005 EVERGREEN ST SUITE 1200
SACRAMENTO CA 95815-3831
TELEPHONE: (800) 633-2322
FAX: (916) 263-2944

www.mbc.ca.gov



April 15, 2010

WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION
P O BOX 47866
OLYMPIA WA 98504-7866

RECEIVED

APR 26 2010
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

To Whom It May Concern:

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

Physician: ELIZABETH ANN MICKS
License No.: A 101359
Issued: August 29, 2007
Exam Type: A written examination
Expiration Date: November 30, 2010
Status: Renewed/current
Board Discipline: NO

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

Deborah Pellegrini

Deborah Pellegrini
Chief of Licensing

SEAL

		OHIO UTAH			
6	micks, elizabeth	11/25/1979	039020	2006	22162877
		LICENSE HISTORY <u>State Board</u> CALIFORNIA			
7	mounts, jason	10/16/1976	011020	2002	22162885
		LICENSE HISTORY <u>State Board</u> TEXAS VIRGINIA			
8	ng, yolanda	05/21/1976	422010	2007	22162887
		LICENSE HISTORY <u>State Board</u> No License Information Available			
9	nicolas, nancy	05/01/1964	654010	2001	22162892
		LICENSE HISTORY <u>State Board</u> WEST VIRGINIA			
10	nurani, rizwan	02/08/1976	048010	2001	22162896
		LICENSE HISTORY <u>State Board</u> FLORIDA WASHINGTON			
11	ordinario, maria	08/08/1974	748050	1998	22162920
		LICENSE HISTORY <u>State Board</u> OREGON			
12	osborn, tristan	01/09/1973	048010	2007	22162922
		LICENSE HISTORY <u>State Board</u> WASHINGTON			
13	paciorkowski, alexander	04/01/1972	007010	2000	22162925
		LICENSE HISTORY <u>State Board</u> CONNECTICUT MISSOURI			
14	paciorkowski, natalia	08/27/1970	007010	2004	22162926
		LICENSE HISTORY <u>State Board</u>			



AMA Physician Profile

Name and Mailing Address:

ELIZABETH ANN MICKS MD
705 22ND ST
SACRAMENTO CA 95816-4011

Primary Office Address:

STE 2500
4860 Y ST
SACRAMENTO CA 95817-2307

Phone: UNKNOWN

Birthdate: 11/25/1979

Birthplace: FORTUNA, CA UNITED STATES OF AMERICA

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

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty:

*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: MEMBER

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

Current and/or Historical Medical School:

JEFFERSON MED COLL-THOS JEFFERSON UNIV, PHILADELPHIA PA 19107

Degree Awarded: Yes

Degree Year: 2006



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 CA DAVIS HEALTH SYSTEM

Specialty : OBSTETRICS & GYNECOLOGY

State: CALIFORNIA

07/2006 - 06/2010

(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>
CALIFORNIA	MD	08/29/2007	11/30/2010	ACTIVE	UNLIMITED	04/15/2010

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>
XXXXXX720	22N 33N 4 5	01/31/2013	04/12/2010

Address: Ste 2500, 4860 Y St, Sacramento, CA 95817-2307

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 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 2010 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 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.



Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360.236.2766
M-Z 360.236.2767

Temporary Permit Request

I hereby request a **one time only temporary permit**. I understand that the temporary permit shall expire upon the issuance of a license, initiation of an investigation by the commission, or 90 days, whichever occurs first.

Signature

Date

3/24/10

Print or type full name

Elizabeth Micks

Date of birth

11/25/79

Mailing address

705 22nd St.

City

Sacramento

State

CA

Zip Code

95816

Please note: "WAC 246-12-340 Refund of Fees. Fees submitted with application for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable."

General Information

Must be licensed in a recognized jurisdiction. See list on page two.

A temporary permit may be issued upon receipt of the following:

1. Completed application form.
 - a. Personal data questions 1-10 must ALL be negative, excluding #10 regarding malpractice.
2. Temporary permit request form.
3. Application and temporary permit fees paid.
4. A clear Federation of State Medical Boards (FSMB) data bank clearance report.
5. A clear American Medical Association Profile.
6. Written verification from ALL states in which the applicant was or is licensed.

For Office use only

☐ Approved

☐ Disapproved

Review date

Signature

Redaction Summary (3 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (3 instances)

Redacted pages:

- Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 5, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 11, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance