

Credentialing Ind. Cred. Search Org. Cred. Search Manage Credentials Home Site Map Logout

DRL-WORLD\Kmh

Credential Holder

Enter renewal information and click Save.

Credential ☐ Xref ☐ Insurance ☐ Firearms ☐ Details ☐ Letters ☐ Holds ☐ History ☐ Notes ☐ Cred: 1 of 1 > >>[Renew](#) | [Hot Print Renewal Letter](#) | [Wall Cert](#) | [Labels](#) | [Hot Print DRN](#) | [Renewal Notice](#) | [Expanded Details](#) | [Save](#) | [Email incomplete renewal checklist](#)**Credential:** 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998 **Renew By:** 10/31/2017 ☐ OtherDate**First Fee:** 10/13/2015**Detail Payments/Refunds**

Batch Date	Code	Batch Type	Batch#	Batch Location	Amt. Paid
10/13/2015	P	E	0	88	141

Requirements[Add Requirement](#) | [Confirm Requirements](#)

Code	Complied	Complied Date	Printed	Comments	Actions
FEE	Met <input type="checkbox"/>	10/13/2015 <input type="checkbox"/>	<input type="checkbox"/>	added by CRP SR 09/09/2015 07:06	
SIG	Met <input type="checkbox"/>	10/13/2015 <input type="checkbox"/>	<input type="checkbox"/>	status set to Met 10/13/2015 09:07 via online re	

License Type:REGULAR ☐**Specialty Code:**

(12) OBSTETRICS AND GYNECOLOGY

Working State:--Select-- ☐**Status:**ACTIVE ☐**Residency:**--Select-- ☐**Show SSN**[View/Edit Continuing Education](#)--Select One-- ☐**Renew**Disabled: ☐Notify DOE: ☐Multi State: ☐Exempt Fee: ☐Bad Check: ☐On Hold: ☐Opt. Out: ☒Expert: ☐Military: ☐

Firearm Rnw/

Disabled: ☐**Name and Address Change**[Click on expand/collapse to view/hide information.](#)**More Details:**[Click on expand/collapse to view/hide information.](#)**Credential Initial:** MD**Credentialing Method Group:** undefined group type (Group Type not yet defined)**PDMP Status:**

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








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Credential Holder

Enter renewal information and click Save.


Credential Xref Insurance Firearms Details Letters Holds History Notes Cred: 1 of 1 > >

Name: King, Kathy MD**Renewal Due:** 10/31/2017**Profession:** Medicine and Surgery**Credential #:**40347-20[Add History](#) | [View Online Activity](#)**History**

<u>Date</u>	<u>History Type</u>	<u>History</u>	<u>Actions</u>
10/15/2015	RenewedAuto	Cred Holder Renewed - Auto Event	 
10/24/2013	RenewedAuto	Cred Holder Renewed - Auto Event	 
10/14/2011	RenewedAuto	Cred Holder Renewed - Auto Event	 
10/14/2009	RenewedAuto	From fee rec. year=2009 date printed=10/14/2009	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	 
09/20/2007	BlueLicensePrinted		 
09/14/2007	RenewedAuto	From fee rec. year=2007 date printed=09/14/2007	 
09/07/2007	StandardRequirementAdded	Standard Requirement Added: FEE	 
09/07/2007	StandardRequirementAdded	Standard Requirement Added: SIG	 
10/06/2005	RenewedAuto	From fee rec. year=2005 date printed=10/06/2005	 
10/03/2003	RenewedAuto	From fee rec. year=2003 date printed=10/03/2003	 
10/01/2001	RenewedAuto	From fee rec. year=2001 date printed=10/01/2001	 
10/26/1999	RenewedAuto	From fee rec. year=1999 date printed=10/26/1999	 
05/16/1997	GraduatedFrom	graduated from UW-MADISON	 

Exam History


There are no query results.

 [Print History](#)

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DRL-WORLD\Kmh **Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998**Renew By:** 10/31/2017**First Fee:** 10/13/2015**Online Renewal Log**[< Back To Credential](#)Renewal Year: 2015 **Log**

Time	Step #	Step Title	Message	
10/13/2015 9:05:53 AM	1	Name/Address Change Information	Step completed, advancing to next step in renewal process...	
10/13/2015 9:06:09 AM	2	Update Contact Info	Step completed, advancing to next step in renewal process...	
10/13/2015 9:06:23 AM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process...	Survey
10/13/2015 9:06:37 AM	4	Legal Status	Step completed, advancing to next step in renewal process...	Answers
10/13/2015 9:06:50 AM	5	Verify Professional Specialties	Step completed, advancing to next step in renewal process...	Survey
10/13/2015 9:06:56 AM	6	Continuing Education Audit	Step completed, advancing to next step in renewal process...	Answers
10/13/2015 9:07:04 AM	7	Continuing Education Requirement	Step completed, advancing to next step in renewal process...	Survey
10/13/2015 9:07:11 AM	8	Expert Witness Participation	Step completed, advancing to next step in renewal process...	Answers
10/13/2015 9:07:21 AM	9	List Opt-Out	Step completed, advancing to next step in renewal process...	Survey
10/13/2015 9:10:08 AM	10	Pay Renewal Fee	Step completed, advancing to next step in renewal process...	Answers

Continuing Education Log

No Continuing Education log information recorded for this renewal year

Online Activity

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Credential: 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998 **Renew By:** 10/31/2017**First Fee:** 10/13/2015**Online Renewal Log**[< Back To Log](#)**Answers**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

**LICENSE/CREDENTIAL HOLDER CHARGES OR CONVICTIONS**

A holder of any of the credentials/licenses set forth in Wis. Stat. s. 440.03(13)(b) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. Form 2252 should be completed and submitted to the department along with the associated fees and all requested documents.

By clicking "Continue" below, I am signifying that I have read the above statements (Continuing Duty of Disclosure, License/Credential Holder Charges or Convictions, and Affidavit of Applicant) and understand the obligation I have as a license/credential-holder should information I've provided to the Department of Safety and Professional Services change

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Credential: 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998**Renew By:** 10/31/2017**First Fee:** 10/13/2015**Online Renewal Log**[< Back To Log](#)**Answers**

If your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since the issuance of your credential or your last renewal, please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or dsps@wisconsin.gov. I have read and acknowledge this information. ☒

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Online Activity

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Credential: 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998**Renew By:** 10/31/2017**First Fee:** 10/13/2015**Online Renewal Log**[< Back To Log](#)**Answers**

I have completed or will complete 30 hours* of AMA or AOA Category I Continuing Education beginning **January 1, 2014** and ending **December 31, 2015**; and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

* Three months of approved post-graduate training is equivalent to 30 hours of Category I credits.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 40347-20 (Medicine and Surgery)

Renewal: 2015

Name: King, Kathy MD

Status: REGULAR - CURRENT(ACTIVE)

Granted: 08/28/1998

Renew By: 10/31/2017

First Fee: 10/13/2015

Online Renewal Log

[< Back To Log](#)

Answers

☐ Please check here if you are willing to serve as an expert witness in disciplinary proceedings.

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Credential: 40347-20 (Medicine and Surgery)**Renewal:** 2015**Name:** King, Kathy MD**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/28/1998**Renew By:** 10/31/2017**First Fee:** 10/13/2015**Online Renewal Log**[< Back To Log](#)**Answers**

Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.

☒ **Please do not disclose my street address and/or PO Box # on lists**

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Credential Expanded Details

View expanded details on the credential holder. Click the Return link when finished.

Cred. Holder: King, Kathy

Profession: 40347-20 (Medicine and Surgery)

Print Activity List

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
10/19/1999	DUPLICATE	Yes	3/19/2025	0
10/15/2015	HEALTHCHK	Yes	10/16/2015	0
9/9/2015	RENEWALDOM	Yes	9/9/2015	2015
9/9/2015	RENEWASEL	Yes	9/9/2015	2015
10/24/2013	HEALTHCHK	Yes	11/5/2013	0
1 2 3 4				

PTN Number

Renewal Requirements List

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
FEE	2015	Met	10/13/2015	No		09/09/2015	added by CRP SR 09/09/2015 07:06
SIG	2015	Met	10/13/2015	No		09/09/2015	status set to Met 10/13/2015 09:07 via online renewal
FEE	2013	Met	10/22/2013	No		09/06/2013	added by CRP SR 09/06/2013 08:21
SIG	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:56 via online renewal
CLS	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:14 via online renewal
FEE	2011	Met	10/11/2011	No		09/01/2011	added by CRP SR 09/01/011 10:30
SIG	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:51 via online renewal
CLS	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:50 via online renewal
FEE	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2005	Met	10/06/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/04/2005	No		09/04/2007	
NAC	2005	Met	10/05/2005	No		09/04/2007	
FEE	2003	Met	10/03/2003	No		09/04/2007	Added FEE for conversion

SIG	2003	Met	10/01/2003	No	09/04/2007
SIG	2001	Met	09/27/2001	No	09/04/2007
FEE	2001	Met	10/01/2001	No	09/04/2007 Added FEE for conversion
FEE	1999	Met	10/26/1999	No	09/04/2007 Added FEE for conversion
NAC	1999	Met	10/25/1999	No	09/04/2007
SIG	1999	Met	10/22/1999	No	09/04/2007

[Return](#)

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Home

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Application

Use the tabs to enter the applicant's information.
Not all application checklist items have been met.

[Checklist](#) [Applicant](#) [School](#) [Residency](#) [Insurance](#) [Xref](#) [Firearms](#) [Notes](#) [History](#) [Letters](#)

Applicant: [Kathy King](#)

Profession: 020 (Medicine and Surgery)

Method: [EXAM](#)

Method From: [?](#)

Credential Initial: [?](#)

Application ID: 10659

Received: 2/12/1998
[Add Transaction](#)

Entered: 2/12/1998

Dept Received:

Status: [Permanent license Issued](#)

License #: [40347-20](#)

[Save](#)

All Tabs Completed: ☐

[Print Folder Label](#) | [Print Mailing Label](#) | [Print Checklist](#) | [Email Applicant](#) | [Email Letter of Notice](#) |

Enter Checklist

<u>Requirement</u>	<u>Status</u>	<u>Met Date</u>	<u>Comments</u>	<u>Exam</u>
Wisconsin Statutes & Rules Examination	Met <input type="checkbox"/>	02/04/1999		<input type="checkbox"/>
Application Fee	Not Met <input type="checkbox"/>			<input type="checkbox"/>
Pages One and Two - Applicable blanks completed	Not Met <input type="checkbox"/>			<input type="checkbox"/>
Pre-Professional and Professional Education	Not Met <input type="checkbox"/>			<input type="checkbox"/>
One year of post-graduate training	Not Met <input type="checkbox"/>			<input type="checkbox"/>
All activities and practice accounted for from the date of graduation to the present. Provide employers name, location (city&state), dates (month&year), # of hours worked per week, job title & duties	Not Met <input type="checkbox"/>			<input type="checkbox"/>
Pages Three, Four and Five - Applicable blanks completed	Not Met <input type="checkbox"/>			<input type="checkbox"/>
All questions answered and relevant copies attached	Not Met <input type="checkbox"/>			<input type="checkbox"/>
Photograph	Not Met <input type="checkbox"/>			<input type="checkbox"/>
FLEX scores, original certification	Not Met <input type="checkbox"/>			<input type="checkbox"/>
National Board Score Card(s) (Original(s))				

pass & fail)	Not Met			
USMLE (Step 1, Step 2, Step 3)	Not Met			EXAM
LMMC certification, directly from the Med Council of Canada	Not Met			
Certificate of Board Issuing original license (Form #572)	Not Met			
Authorization and Waiver, signed	Not Met			
Copy of Medical diploma	Not Met			
ECFMG certification	Not Met			
Copies of court allegations/dismissal and /or insurance documents of all malpractice suit(s)	Not Met			
Physicians Profile Data Report from Federation (Form #1465)	Not Met			
Physician Data Center Practitioner Profile Report (Form #1445)	Not Met			
Work History (Form #1935)	Not Met			
Medical Education Verification Form (Form #2164)	Not Met			
Certificate of Post-graduate Training (Form #2165)	Not Met			
Employment Verification Form (Form #2166)	Not Met			
Hospital Verification-Privileges, Employment or Appointment (Form #2167)	Not Met			
Verification of state license(s) directly from State Board office(s)	Not Met			
National Practitioner Data Bank Report/Self-query response	Not Met			
Wall certificate and current registration card	Not Met			
Letter requesting services with beginning/ending dates	Not Met			

PLEASE NOTE: THIS IS THE ONLY MAILED CHECKLIST THAT YOU WILL RECEIVE. Please go online for future updates at <http://dsps.wi.gov> and look for the 'Application Status' link.

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Credential Expanded Details

View expanded details on the credential holder. Click the Return link when finished.

Cred. Holder: King, Kathy

Profession: 40347-20 (Medicine and Surgery)

Print Activity List

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
10/19/1999	DUPLICATE	Yes	3/19/2025	0
9/9/2015	RENEWALDOM	Yes	9/9/2015	2015
9/9/2015	RENEWALSEL	Yes	9/9/2015	2015
10/24/2013	HEALTHCHK	Yes	11/5/2013	0
9/6/2013	RENEWALDOM	Yes	9/6/2013	2013
1 2 3 4				

PIN Number

[REDACTED]

Renewal Requirements List

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
FEE	2015	Not met		No		09/09/2015	added by CRP SR 09/09/2015 07:06
SIG	2015	Not met		No		09/09/2015	added by CRP SR 09/09/2015 07:06
FEE	2013	Met	10/22/2013	No		09/06/2013	added by CRP SR 09/06/2013 08:21
SIG	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:56 via online renewal
CLS	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:14 via online renewal
FEE	2011	Met	10/11/2011	No		09/01/2011	added by CRP SR 09/01/2011 10:30
SIG	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:51 via online renewal
CLS	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:50 via online renewal
FEE	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2005	Met	10/06/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/04/2005	No		09/04/2007	
NAC	2005	Met	10/05/2005	No		09/04/2007	
FEE	2003	Met	10/03/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	10/01/2003	No		09/04/2007	

SIG	2001	Met	09/27/2001	No	09/04/2007
FEE	2001	Met	10/01/2001	No	09/04/2007 Added FEE for conversion
FEE	1999	Met	10/26/1999	No	09/04/2007 Added FEE for conversion
NAC	1999	Met	10/25/1999	No	09/04/2007
SIG	1999	Met	10/22/1999	No	09/04/2007

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<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
9/6/2013	RENEWALSEL	Yes	9/6/2013	2013
10/11/2011	HEALTHCHK	Yes	10/18/2011	0
2/4/2008	HEALTHCHK	Yes	4/2/2010	0
3/6/2009	HEALTHCHK	Yes	4/2/2010	0
4/23/2008	HEALTHCHK	Yes	4/2/2010	0
<u>1</u> <u>2</u> <u>3</u> <u>4</u>				

PIN Number

[REDACTED]

Renewal Requirements List

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
FEE	2015	Not met		No		09/09/2015	added by CRP SR 09/09/2015 07:06
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CLS	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:50 via online renewal
FEE	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2005	Met	10/06/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/04/2005	No		09/04/2007	
NAC	2005	Met	10/05/2005	No		09/04/2007	
FEE	2003	Met	10/03/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	10/01/2003	No		09/04/2007	

SIG	2001	Met	09/27/2001	No	09/04/2007
FEE	2001	Met	10/01/2001	No	09/04/2007 Added FEE for conversion
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SIG	1999	Met	10/22/1999	No	09/04/2007

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Profession: 40347-20 (Medicine and Surgery)

Print Activity List

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
3/26/2008	HEALTHCHK	Yes	4/2/2010	0
9/18/2007	HEALTHCHK	Yes	4/2/2010	0
10/16/2009	HEALTHCHK	Yes	10/20/2009	0
9/20/2007	NEWLICENSE	Yes	9/20/2007	2007
10/6/2005	NEWLICENSE	Yes	10/6/2005	2005

1 2 3 4

PIN Number

[REDACTED]

Renewal Requirements List

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
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SIG	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:56 via online renewal
CLS	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:14 via online renewal
FEE	2011	Met	10/11/2011	No		09/01/2011	added by CRP SR 09/01/2011 10:30
SIG	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:51 via online renewal
CLS	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:50 via online renewal
FEE	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2005	Met	10/06/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/04/2005	No		09/04/2007	
NAC	2005	Met	10/05/2005	No		09/04/2007	
FEE	2003	Met	10/03/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	10/01/2003	No		09/04/2007	

SIG	2001	Met	09/27/2001	No	09/04/2007
FEE	2001	Met	10/01/2001	No	09/04/2007 Added FEE for conversion
FEE	1999	Met	10/26/1999	No	09/04/2007 Added FEE for conversion
NAC	1999	Met	10/25/1999	No	09/04/2007
SIG	1999	Met	10/22/1999	No	09/04/2007

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Credential Expanded Details

View expanded details on the credential holder. Click the Return link when finished.

Cred. Holder: King, Kathy

Profession: 40347-20 (Medicine and Surgery)

Print Activity List

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
10/3/2003	NEWLICENSE	Yes	10/3/2003	2003
10/1/2001	NEWLICENSE	Yes	10/1/2001	2001
10/26/1999	NEWLICENSE	Yes	10/26/1999	1999
1 2 3 4				

PIN Number

[REDACTED]

Renewal Requirements List

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
FEE	2015	Not met		No		09/09/2015	added by CRP SR 09/09/2015 07:06
SIG	2015	Not met		No		09/09/2015	added by CRP SR 09/09/2015 07:06
FEE	2013	Met	10/22/2013	No		09/06/2013	added by CRP SR 09/06/2013 08:21
SIG	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:56 via online renewal
CLS	2013	Met	10/22/2013	No		09/06/2013	status set to Met 10/22/2013 12:14 via online renewal
FEE	2011	Met	10/11/2011	No		09/01/2011	added by CRP SR 09/01/2011 10:30
SIG	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:51 via online renewal
CLS	2011	Met	10/11/2011	No		09/01/2011	status set to Met 10/11/2011 09:50 via online renewal
FEE	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/14/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2007	Met	09/14/2007	No		09/07/2007	Met thru online renewal
FEE	2005	Met	10/06/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/04/2005	No		09/04/2007	
NAC	2005	Met	10/05/2005	No		09/04/2007	
FEE	2003	Met	10/03/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	10/01/2003	No		09/04/2007	
SIG	2001	Met	09/27/2001	No		09/04/2007	
FEE	2001	Met	10/01/2001	No		09/04/2007	Added FEE for conversion

FEE	1999	Met	10/26/1999	No	09/04/2007	Added FEE for conversion
NAC	1999	Met	10/25/1999	No	09/04/2007	
SIG	1999	Met	10/22/1999	No	09/04/2007	

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