From: Carrillo, Laura N (CED)
To: "Luke Mather"
Cc: [redacted]
Subject: RE: PDMP account issues
Date: Friday, October 25, 2019 10:32:00 AM

Hi Dr. Mather,

Thank you for the update. I've changed the email associated with your account to [redacted] You should be receiving a notification directly from the PDMP sent by a globalnotifications no-reply email address to click a link/verify that the new email is an authorized and secure email through which to login to the PDMP.

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

-----Original Message-----
From: Luke Mather [redacted]
Sent: Thursday, October 24, 2019 8:31 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
[redacted]
Subject: PDMP account issues

Hi Laura,

I am writing as I was previously employed by [redacted] and was registered through PDMP through this job. I now have changed jobs and will be working for [redacted]. My PDMP account was previously loaded under my [redacted] email of [redacted], which is no longer active. I tried to open a new PDMP account with my current email, [redacted], but it would not let me link my DEA number as it says it is already in use. Any chance you can help with this?

Thanks in advance.

Cheers,
Luke

Sent from my iPhone

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Commerce, Community, & Economic Development

DIVISION OF CORPORATIONS, BUSINESS, & PROFESSIONAL LICENSING
PO Box 110806
Juneau, AK 99811-0806
Main: (907) 465-2550
Fax: (907) 465-2974

Online License Renewal
Physician

License Details

License Number: 133477
Program: Medical
Type: Physician
Status: Active
Mailing Address: [redacted]
Email: [redacted]

Owner(s)

Owner Name
Luke Franz Mather

Medical Biennial License Renewal
January 1, 2019 - December 31, 2020

Your MD, DO or DPM medical license lapses after December 31, 2018.

There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

☑ By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence

address.

Yes Residence address.

No Practice address

Other Licenses

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

Idaho- M-13485, Exp: 6/30/2019

Professional Fitness Questions

The following questions must be answered. A "Yes" response may not automatically result in renewal denial.

If you answer "Yes" to any of the questions, you cannot continue with online renewal. You must submit the paper renewal application form along with required explanation and documentation regarding any "yes" answer(s).

You may download a paper renewal application from the Medical Board website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

No (1) Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?

No (2) Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?

No (3) Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?

No (4) Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

No (5) Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?

No (6) Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?

No (7) Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?

No (8) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

No (9) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?

No (10) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

No (11) Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

No (12) Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

Continuing Medical Education (CME) Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2017 and December 31, 2018 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

I HEREBY AFFIRM THAT I HAVE COMPLIED WITH THE CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS SET FORTH IN PROFESSIONAL REGULATIONS 12 AAC 40.200 - 240, AS FOLLOWS:

(Select ONE of the following)

No Renewal for licenses first issued on or before December 31, 2016

No Renewal for licenses first issued between January 1, 2017 and January 1, 2018

Yes Renewal for licenses issued after January 1, 2018

I am not required to document general continuing medical education

–AND– (select one of the following)

Yes I have completed and been awarded credit for at least two hours of Category 1 AMA-, AOA-, or CPME-approved education in pain management and opioid use and addiction; -OR-

No I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

Random Audit

The board will conduct a random audit of a percentage of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal.

You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form.

Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

DEA Registration and Prescription Drug Monitoring Program (PDMP)

All Alaska-licensed practitioners with a DEA registration must register with the Prescription Drug Monitoring Program (PDMP) and use the PDMP to review a patient’s prescription history each time before prescribing a federally scheduled II or III controlled substance.

Your PDMP registration must be renewed at the same time as your professional license.

Visit pdmp.alaska.gov to register, renew, or find additional information.

(Select ONE of the following)

Yes I have a valid DEA registration, and have registered with the Alaska PDMP

DEA Registration number: [redacted]

PDMP Registration Number: (if your number has not yet been issued, state "pending") ***Registered through IHS, I do not have a number***

No I do not have a DEA registration. I understand that if I obtain a DEA registration I must register with the Alaska PDMP and use it to review a patient's prescription history as required by Alaska law.

Electronic Signature

☑ I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

☑ I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

☑ I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Name: Luke Mather

Contact Phone: [redacted]

License #: 133477
Effective: 11/19/2018
Expires: 12/31/2020

STATE OF ALASKA

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Luke Franz Mather**

License Type: **Physician**

Status: **Active**

Commissioner: Mike Navarre

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA

No relationships found.

Designations

Type	Group
DEA Registered	DEA Registration

Wallet Card

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
State Medical Board
Luke Franz Mather
As
Physician

License	Effective	Expires
133477	11/19/2018	12/31/2020

Luke Franz Mather
[redacted]

ALASKA STATE MEDICAL BOARD
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
(333 Willoughby Avenue – Ninth Floor)
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2756 A – I or (907) 465-2541 J – N or (907) 465-2566 O – Z
E-mail: medicalboard@alaska.gov

FINAL BOARD ACTION

Mather, Luke Franz ☒ MD ☐ DO ☐ DPM
PHYSICIAN APPLICANT'S NAME (Last, First, Middle)

APPROVAL TO GRANT A PERMANENT, UNRESTRICTED LICENSE

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant to this physician a permanent and unrestricted license to practice medicine.

PENDING: ☐ Fees ☐ NPDB Report ☐ Other _____

Signature, Board Member: _____ Date: August 2-3, 2018

APPROVAL TO GRANT A LICENSE WITH CONDITIONS

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant a permanent license to practice medicine to the above named physician with the following conditions:

Conditions of Licensure: _____

_____

_____

Signature, Board Member: _____ Date: _____

LICENSE APPLICATION DENIED

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board voted to deny a permanent license to practice medicine to the applicant physician for the following reason(s):

Basis for Denial: _____

_____

Signature, Board Member: _____ Date: _____

For Staff Use Only: License Issue Date: _____ License No.: _____ By: _____

Application Referred to: _____ for MOA or _____

Notice of board action to: _____ Paralegal: _____ FSMB Report Submitted: _____ NPDB Report: _____ Other: _____

License #: 133477
Effective: 08/13/2018
Expires: 12/31/2018

STATE OF ALASKA

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Luke Franz Mather**

License Type: **Physician**

Status: **Active**

Commissioner: Mike Navarre

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA

No relationships found.

Designations

Type	Group
DEA Registered	DEA Registration

Wallet Card

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
State Medical Board
Luke Franz Mather
As
Physician

License	Effective	Expires
133477	08/13/2018	12/31/2018

Luke Franz Mather
[redacted]

From: Wiard, Tracy L (CED)
To: [redacted]
Subject: Alaska Medical Board Status Update - Mather
Date: Tuesday, August 14, 2018 9:41:00 AM

Congratulations! Your permanent license to practice medicine in the State of Alaska has been approved. A hard copy will be placed in the mail in the next 2-3 business days.

You are responsible for knowing our Medical Statutes & Regulations. They are updated frequently, so please review them at least once a year, if not more frequent. You can locate our Medical Statutes & Regulations on our website: https://www.commerce.alaska.gov/web/portals/5/pub/MedicalStatutes.pdf. It is a good idea to bookmark this site.

Please ensure your address is current at all times with the Medical Board, and keep copies of all CME certificates for annual education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES: If you would like to receive notices of all proposed medical regulation changes, please send a written request to add your name to the 'Medical Interested Parties List', Attention: Regulations Specialist with the Division of Corporations, Business & Professional Licensing at the PO Box address listed above.

Again, congratulations on your license and let us know if you have any questions or concerns.

Tracy L. Wiard
Occupational Licensing Examiner

Medical Board A-D and J-N
Physician Assistants A-Z

Department of Commerce, Community, & Economic Development
Division of Corporations, Business, and Professional Licensing
State of Alaska Medical Board
PO BOX 110806
Juneau, AK 99811-0806

(907) 465-2541-Phone
(907) 465-2974-Fax

and delete the original message and all copies from your computer.

THE STATE of ALA... Department of ... Division of Cor... ...oment

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CC $00 DT

Alaska State Medical Board
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *medicalboard@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Application for License to Practice Medicine or Osteopathy

PART I Payment of Fees

Fees	☒ Nonrefundable Application Fee ($200)	☒ License Fee ($300)
Applying by	☐ Examination (NOT licensed in another state)	☒ Credentials (Licensed in another state)
Profession	☐ Doctor of Osteopathic Medicine (DO)	☒ Medical Doctor (MD)

PART II Personal Identification Information

Full Legal Name	Last: Mather	First: Luke	Middle: Franz		
Other Names Used (maiden, nicknames)		☐ **Attach Documentation of all Legal Name Changes**			
Date of Birth	[redacted]	**Place of Birth**	[redacted]	**Gender**	Male
Practice Address	[redacted]				
Residence Address	[redacted]	**Duration at this Address**	3 years		

☒ **Use my practice address for the public record** ☐ **Use my residence address for the public record**

Work Phone	(208) 514-2500	**Home Phone**	[redacted]
Email Address	[redacted]		

SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)

Social Security Number: [redacted]

PART III Special Qualifiers

- **If, Previous Alaskan License or Permit:**

Previous License or Permit Type: ☐ Permanent ☐ Resident ☐ Locum Tenens ☐ Temporary

Previous AK License or Permit Number: Date Issued:

- **If, Member of the Armed Forces:**

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Branch: Commission Date:

Discharge Date: Discharge Type:

- **If, International Graduate:**

☐ My school is listed on the 2006 Medical Board of California's list of approved schools.
☐ I have attached a certified copy of my ECFMG certificate to this application.

ECFMG Certificate Number: Issue Date:

PART IV Education

1. MEDICAL SCHOOL EDUCATION: List the medical school(s) you attended.

School	Mailing Address	Dates Attended	Graduate
University of Wash. SOM	1959 NE Pacific St, Seattle, WA 98195	8/15/11-6/12/15	☑ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

If applicable, explain any changes of medical schools or gaps in training:

Signature: **Date:** 4/18/18

PART IV Education (continued)

2. POSTGRADUATE TRAINING: List internships, residencies or fellowship training programs chronologically.

Facility	Mailing Address	Dates Attended	Completed
[redacted]	[redacted]	[redacted] Current	☐ Yes ☑ No
		RECEIVED Juneau APR 23 2018	☐ Yes ☐ No
		CBPL	☐ Yes ☐ No
			☐ Yes ☐ No

3. EXAMINATION HISTORY: Specify national boards, FLEX, LMCC, USMLE, or a state-administered medical licensing examination.

Exam Series	Location	Date Administered	Result
USMLE Step 1	Seattle, Washington	6/29/2013	☑ Pass ☐ Fail
USMLE Step 2 CK	Seattle, Washington	7/23/2014	☑ Pass ☐ Fail
USMLE Step 2 CS	Los Angeles, California	7/28/2014	☑ Pass ☐ Fail
USMLE Step 3	Salt Lake City, Utah	2/18/2016	☑ Pass ☐ Fail

4. SELF-DESIGNATED SPECIALTY:

☐ If board-certified, attach a certified copy of the specialty certification(s).

Specialty / Subspecialty	Provide Date if Board Certified	Which Board	Recertification Date

PART V Professional Activities

Professional Licensure: List all states, territories, provinces, or foreign countries in which you hold or **have ever held** a license to practice medicine. Include temporary, courtesy and locum tenens licenses, and instructional or training permits. ***Failure to list all jurisdictions may result in disciplinary sanctions or denial.*** If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

1. Physician Licenses

Location	License Number	Issue Date	Current Status
Idaho State Board of Medici	M-13485	10/14/2016	Current

2. Residency Licenses, Instructional or Training Permits

Location	License Number	Issue Date	Current Status
Idaho State Board of Medici	1477	5/11/2015	Not current

3. Other Professional Licensure

☐ Yes
☑ No

Other than as a physician, have you ever been licensed in any jurisdiction in any other profession of the healing arts? If "Yes," please complete the below:

Profession	Jurisdiction	License Date	Disciplined
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Medical Societies and Professional Organizations

Name of Organization	Address	Membership Dates
American Medical Association	330 N. Wabash Ave. Suite 39300	2014-Current
American Academy of Family Pra	11400 Tomahawk Creek Parkway	2015- current

5. Hospital Affiliations

☐ Yes
☑ No

Have you ever held hospital privileges? If "Yes," list all hospitals where you currently hold or have ever held privileges or been credentialed within the past five years. Include residency privileges if appropriate.

Hospital	Mailing Address	Date Privileged
		RECEIVED Juneau
		APR 23 2018
		CBPL

I certify that listed above are all hospitals where I hold or have held privileges in the past five years. I understand it is my responsibility to request these hospitals submit verification to the board to complete my application for licensure. I certify under penalty of unsworn falsification that the above information is true and correct.

→ Signature: [signature] Date: 4/18/18

6. Medical Work History

Provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time. Please do not attach a CV; we require the use of this form. If necessary, make additional copies of this page, or continue to list your work history on a separate sheet labeled with your name and signed by you.

Explain any gap in time from practice of more than sixty (60) days duration. If you have retired from practice, provide the dates. If you have been inactive from practice for two years or more, provide the dates and include documentation of your recent continuing medical education.

Dates	Facility/Location	Activity
[redacted] Current	[redacted]	Family Medicine Residency Training

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→ Signature: [signature] Date: 4/18/18

7. Medical Malpractice History

List all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims, even if no money was paid. For each case listed, provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include a brief description regarding the nature of the case, the allegations, and your response to the allegations. *Letters from attorneys or insurance carriers **may not** be substituted for this required explanation.* Documentation includes a copy of the order for settlement, dismissal, or removal from the case, or other documentation to support your explanation. Do not send all of the motions or filings for the case.

☑ No
☐ Yes

Have you ever had any claims of medical malpractice filed against you?

Date of Case		**Amount of Award or Settlement**	
Jurisdiction			
Nature of Allegation			

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Date of Case		**Amount of Award or Settlement**	
Jurisdiction			
Nature of Allegation			

Date of Case		**Amount of Award or Settlement**	
Jurisdiction			
Nature of Allegation			

Date of Case		**Amount of Award or Settlement**	
Jurisdiction			
Nature of Allegation			

Date of Case		**Amount of Award or Settlement**	
Jurisdiction			
Nature of Allegation			

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APR 23 2018

PART VI Professional Fitness

CBPL

Disciplinary History

The following questions must be answered. "Yes" answers may not automatically result in license denial. You must answer both parts of each multi-part question.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, etc. When in doubt about your response, disclose and provide the required explanation and documents.

Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Academic Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Counseling, Concern, Advice, Warning, Caution, Admonishment, Reprimand, etc. You must include non-reported disciplinary actions. Failure to disclose past history may be grounds for disciplinary sanctions.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

1.	Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?	**Yes** ☐	**No** ☑
	Is any such action pending?	**Yes** ☐	**No** ☑
2.	Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?	**Yes** ☐	**No** ☑
	Is any such action pending?	**Yes** ☐	**No** ☑
3.	Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?	**Yes** ☐	**No** ☑
	Is any such action pending?	**Yes** ☐	**No** ☑
4.	Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?	**Yes** ☐	**No** ☑
	Is any such action pending?	**Yes** ☐	**No** ☑
5.	Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges, or investigated a complaint or accusation regarding your practice (except for late medical records)?	**Yes** ☐	**No** ☑
	Is any such action pending?	**Yes** ☐	**No** ☑

6.	Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction or termination?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
7.	Have you ever been disciplined by a medical school or post-graduate training program, including academic probation?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
8.	Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?	Yes ☐	No ☑
	(If you are unsure about your response to this question, please refer to the instructions and definitions for this section on page 8 of this application above. When in doubt, disclose and explain.)		
	Is any such action pending?	Yes ☐	No ☑
9.	Have you ever been under investigation by any medical licensing jurisdiction or authority?	Yes ☐	No ☑
	(If you are unsure about your response to this question, please refer to the instructions and definitions for this section on page 7 of this application above. When in doubt, disclose and explain.)		
	Is any such action pending?	Yes ☐	No ☑
10.	Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
11.	Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
12.	Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
13.	Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑
14.	Has your employment by a clinic, hospital, or other health care organization ever been terminated involuntarily or voluntarily as a result of an actual or potential investigation or as grounds for disciplinary proceedings?	Yes ☐	No ☑
	Is any such action pending?	Yes ☐	No ☑

Personal History

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court records, judgments, charging documents, etc. You must also have your treating physician submit a letter directly to the Board; the letter must include the following information:

- Summary of your diagnoses
  (including explanation, dates of onset and significant events, and frequency of contact with you)
- Medication history
- Impact on your ability to practice safely and competently

Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt about your response, disclose and provide the required explanation and documents.

For the purposes of the questions in this section, the following phrases or words are defined:

"Ability to Practice Medicine" includes, but is not limited to, the cognitive capacity to make appropriate clinical diagnoses and exercise reasonable medical judgments and to learn and keep abreast of medical developments; the ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids of devices, such as corrective lenses or hearing aids.

"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.

"Chemical Substance(s)" any natural or synthetic chemical substance, alcohol, drugs, or medications, including those chemical substances taken pursuant to a valid prescription for legitimate medical purpose and in accordance with the direction(s) of the prescribing physician, as well as those used illegally.

"Controlled Substances" means any substance as defined in either Alaska Statute 11.71.900 or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. Section 801 et seq. (Public Law 91-513) and any subsequent amendment(s).

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, "currently" means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant's ability to practice medicine in a competent manner.

"Illegal Drug Use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed physician who prescribed the controlled substance or dangerous drug.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

15.	Has your ability to practice medicine in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	**Yes** ☐	**No** ☑
16.	Are you currently experiencing any medical condition or disorder that impairs your judgment or that otherwise affects your ability to practice medicine in a safe and competent manner?	**Yes** ☐	**No** ☑
17.	Since completing your postgraduate training, have you ever been physically or mentally unable to practice medicine for a period of sixty (60) or longer?	**Yes** ☐	**No** ☑
18.	Are you currently the subject of any civil investigation or court process relating to your ability to practice in a safe and competent manner?	**Yes** ☐	**No** ☑
19.	Have you ever been diagnosed with, been treated for, or do you currently have voyeurism, pedophilia, exhibitionism, or any other sexual behavior disorder? (Please note that "sexual behavior disorder" does not include sexual preference)	**Yes** ☐	**No** ☑
20.	Are you currently engaged in the illegal use of any drug, whether by ingestion, injection, inhalation, or any other method?	**Yes** ☐	**No** ☑
21.	Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner?	**Yes** ☐	**No** ☑
22.	Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care?	**Yes** ☐	**No** ☑
23.	Have you ever been diagnosed with, treated for, or do you currently have:	**Yes** ☐	**No** ☑

Check each condition you have ever been diagnosed with, treated for, or currently have:

☐ Bipolar Disorder	☐ Depressive Neurosis	☐ Kleptomania
☐ Hypomania	☐ Any Dissociative Disorder	☐ Pyromania
☐ Schizophrenia	☐ Any Psychotic Disorder	☐ Delirium
☐ Depression	☐ Any Organic Mental Disorder	☐ Paranoia
☐ Seasonal Affective	☐ Any condition requiring chronic medical or behavioral treatment	

24.	Have you ever taken, or are you currently taking, any controlled substance for any of these disorders?	**Yes** ☐	**No** ☑
25.	Have you ever been adjudicated, or declared incompetent, or been the subject of an incompetency proceeding?	**Yes** ☐	**No** ☑

! **If you checked "Yes" to any of the above questions, you must attach a detailed explanation. You must also have your treating physician submit a letter directly to the Board regarding your ability to practice safely and competently. (See complete instructions on page 10.)**

PART VIII Notarized Signature with Photograph

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof. I declare, under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I am the lawful holder of the degree of Doctor of Medicine or Doctor of Osteopathy as prescribed by this application, and that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. I further certify that the photograph that appears below is a true likeness of me taken within the past 60 days.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska.

I have read all of the instructions in the application, including the instructions under Part VI, Professional Fitness.

You must sign and date this application before a notary public on the same day.

Applicant's Signature	Luke Mather	RECEIVED Juneau
Date	4/18/18	APR 23 2018
Printed Name	Luke Mather	CBPL

Notary Public for State of:	Idaho
Subscribed and Sworn to Before me on this Day:	April 18, 2018
Notary's Signature:	Alice K Nelson
My Commission Expires:	09/18/2018

Attach a recent photo that is no larger than 3" x 3".

The notary seal must overlie a portion of the photograph.

Photograph

ALICE K NELSON
Notary Public
State of Idaho

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *medicalboard@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

RECEIVED
Juneau
APR 23 2018
CBPL

PART IX Authorization for Release of Records

To Whom It May Concern:

I, Luke (First Name) Franz (Middle Name) Mather (Last Name)

residing at [redacted] (Address, City, State, ZIP Code)

authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Signature: [signature] **Date:** 4/18/18

Home Telephone: [redacted] **Work Telephone:** [redacted]

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: Mather Luke Franz

Type of License: MED: MD License Number *(if applicable)*: _____

I wish to make payment by credit card for the following *(check all that apply)*:

		Amount
☒	Application Fee: MED Application Fee	$200.00
☒	License or Renewal Fee: MED License Fee	$300.00
☐	Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:	
	1. _____	_____
	2. _____	_____
	Total:	$500.00

Name *(as shown on credit card)*: Luke F Mather

Mailing Address: [redacted]

Phone: [redacted] Email *(optional)*: _____

Credit Card Type: ☒ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** [signature]

P

U.S. POSTAGE
$6.70
PM 3-DAY
83708 0006
Date of sale
04/19/18
06 2S00
08246101
SSK

A096804 9224950

PRIORITY MAIL 3-DAY®

EXPECTED DELIVERY 04/23/2018

SHIP TO: Alaska State Medical Board 0006

PO BOX 110806
JUNEAU AK 99811-0806

USPS TRACKING NUMBER

9505 5000 2436 8109 0000 85

From:	support@veridoc.org
To:	Board, Medical (CED sponsored)
Subject:	License Verification Statement - MATHER, LUKE (MD)
Date:	Monday, April 23, 2018 7:48:00 AM
Attachments:	v551060AA.pdf

Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: MATHER, LUKE

Transaction ID: 551060

Confirmation Number: 16611916124915211272

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.
Idaho State Board of Medicine

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 · Fax: (907) 465-2974
Email: *medicalboard@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Verification of DEA Registration Status

Complete this top part and then mail it to the Drug Enforcement Administration (DEA) at:

→ **Applicant:**

Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

Full Legal Name	Luke Franz Mather		
Other Names Used			
Birth Date	[redacted]	**DEA Registration Number**	[redacted]
Mailing Address	[redacted]		
Address of DEA Registration	[redacted]		
Applicant's Signature	Luke Mather	**Date of Signature**	4/23/18

→ **DEA Use Only:** Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the Alaska State Medical Board at the letterhead address.

Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied? e-MAILED **Yes** ☐ **No** ☒

Is any such investigation pending? MAY 0 2 2018 **Yes** ☐ **No** ☐

DEA Comments:

08-4105e Rev. 02/01/2016 DEA Registration Verification

From: Heisler, Pandora L.
To: Board, Medical (CED sponsored)
Subject: DEA VERIFICATIONS
Date: Wednesday, May 02, 2018 1:54:43 PM
Attachments: AK 5-2-18.pdf

Pandora Heisler
Registration Program Specialist
Drug Enforcement Administration
300 5th Ave, STE 1300
Seattle WA 98104
W: 206-553-0923
1-888-219-1418 (ask for Pandora)
F: 206-553-7757
Email: Pandora.L.Heisler@usdoj.gov
Website: www.deadiversion.usdoj.gov

Your message is ready to be sent with the following file or link attachments:

AK 5-2-18

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

From: Wiard, Tracy L (CED)
To: [redacted]
Subject: Alaska Medical Board Status Update - Mather
Date: Tuesday, May 08, 2018 3:44:00 PM
Attachments: MED SCH.pdf
PG Ver.pdf

Your application for a license to practice medicine in the State of Alaska has been received by the Alaska State Medical Board. I have reviewed your application and still need the following items:

- **Exam Scores** (please contact the USMLE to request that the records be sent to the Board)
- **Certified True Copy of Medical School Diploma** (to obtain a certified true copy, take the original document and a photocopy to a notary public so he/she may compare the original to the photocopy of the document. You or the notary must write, **"I certify this to be a true copy of the original document"** on the photocopy. You will sign this statement, and the notary will attest the fact by notarizing the document. Each certified true copy must have a notary signature and seal.)
- **Verification from Medical School** (please contact your medical school and have them complete and submit the attached verification form to this office.)
- **Certified True Copy of Postgraduate Certificates** (to obtain a certified true copy, take the original document and a photocopy to a notary public so he/she may compare the original to the photocopy of the document. You or the notary must write, **"I certify this to be a true copy of the original document"** on the photocopy. You will sign this statement, and the notary will attest the fact by notarizing the document. Each certified true copy must have a notary signature and seal.) – If your school does not issue a post-graduate certificate for the first or second year of post graduate training, please submit a signed and dated letter of explanation stating so. In addition, please have your school submit a signed and dated letter of explanation stating they do not issue post-graduate certificates for the first or second year of post-graduate training.
- **Verification from Post Graduate training 7/1/2015 – Present.**
- **FSMB Board Action report**
- **AMA profile**

If you have already ordered/requested these items from the correct agency, there is no need to let me know that. I will contact you to let you know when your file is complete. We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Sincerely,

Tracy L. Wiard
Occupational Licensing Examiner

Medical Board A-D and J-N
Physician Assistants A-Z

Department of Commerce, Community, & Economic Development
Division of Corporations, Business, and Professional Licensing
State of Alaska Medical Board
PO BOX 110806
Juneau, AK 99811-0806

(907) 465-2541-Phone
(907) 465-2974-Fax

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name:	**Mather, Luke Franz**
Social Security Number:	[redacted]
Date of Birth:	[redacted]
FID#:	[redacted]
Recipient:	**AK - Alaska State Medical Board**
Delivery Date:	**05/07/2018**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

FCVS | FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

Federation of STATE MEDICAL BOARDS

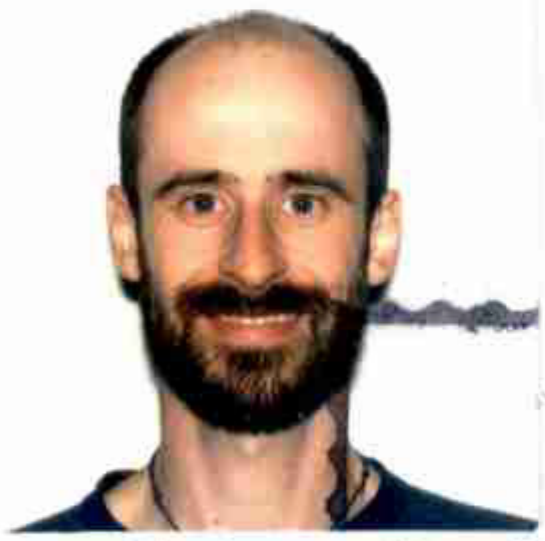
I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

Notary:
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Applicant's Signature (**must** be signed in the presence of a notary)

~~Luke~~ Mather

Applicant's **Printed** Last Name

Luke F.

Applicant's **Printed** First Name, Middle Initial, and Suffix (e.g., Jr.)

4/18/18

Date of Signature (**must** correspond to date of notarization)

ALICE K NELSON
Notary Public
State of Idaho

ALICE K NELSON
Notary Public
State of Idaho

State of Idaho, County of Ada,

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 18 day of April, 2018.

Notary Public Signature: Alice K Nelson

My Notary Commission Expires: 09/18/2018

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL(817)868-5000

FCVS ID Number
FCVS
[redacted]

FID Number
[redacted]

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

Federation of STATE MEDICAL BOARDS

Biographic Information

Medical professional Name(s): **Mather, Luke Franz**

Date of Birth: [redacted]

Place of Birth: [redacted] UNITED STATES

Contact Information

Business Address: [redacted]
UNITED STATES

Home Address: [redacted]
UNITED STATES

Business Phone: [redacted]

Mobile Phone: [redacted]

Email: [redacted]

Email: [redacted]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Mather (Last) Luke (First) Franz (Middle)

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of Idaho County of Ada

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this

(Day) 18, of (Month) April, (Year) 2018.

Notary Public Signature: Alice K Nelson

Commission Expiration Date* (Month) 09 / (Day) 18 / (Year) 2018

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.**

Notary Stamp Here

ALICE K NELSON
Notary Public
State of Idaho

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd
Euless, TX 76039-3856

FCVS ID Number
FCVS

[redacted]

FID Number
[redacted]


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
Surname / Nom / Apellidos
MATHER
Given Names / Prénoms / Nombres
LUKE FRANZ
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
Place of birth / Lieu de naissance / Lugar de nacimiento
U.S.A.
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
01 Aug 2014
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
31 Jul 2024
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAMATHER<<LUKE<FRANZ<<<<<<<<<<<<<<<<<<<<<<<

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

Federation of STATE MEDICAL BOARDS

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/15/2011	06/12/2015	Medical Education	University of Washington School of Medicine Seattle Washington UNITED STATES
06/12/2015	07/01/2015	Vacation	Vacation / [redacted] Fairbanks Alaska UNITED STATES
07/01/2015		PGT/Education	[redacted] UNITED STATES
07/01/2015	06/30/2016	Postgraduate Training	[redacted] UNITED STATES
07/01/2016	06/30/2018	Postgraduate Training	[redacted] UNITED STATES

End of Chronology of Activities report for: Mather, Luke Franz

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Education

Federation of STATE MEDICAL BOARDS

Medical Education

Medical School: **University of Washington School of Medicine**

Location: Seattle, WA

UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education

Federation of STATE MEDICAL BOARDS

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials Verification Service
400 Fuller Wiser Rd
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: University of Washington School of Medicine

Address Line 1:
1959 NE Pacific Street

Address Line 2:

City: Seattle **State/Province:** WA **Zip Code (Postal Code):** 981956340
Country: US

If name of institution was different when this individual attended, please note this name below:

Premedical Education:

Years of education required for admission to your medical school: 4 years undergraduate equivalent

Credential/degree presented by the applicant for admission to your medical school: Bachelor of Science

Enrollment and Participation: Our records indicate that Mather, Luke, Franz
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 138 weeks of medical education on the following dates: **From:** 08/20/2011 (Month Day Year) **To:** 06/12/2015 (Month Day Year)

This individual

Was awarded the degree of Doctor of Medicine on 06/12/2015 (Month Day Year)

Was NOT awarded a degree because: (please explain - additional page if necessary)

Attestation

Affix Institutional Seal Here

If no seal is available, this form must be notarized.

Watermark
For FCVS internal use only.

ELECTRONIC SEAL VERIFIED

Name: Gloria Rayo
Signature: Gloria Rayo
Title: Registration Specialist

Date of Signature: 04/20/2018 **Phone:** (206)221-4726

Fax: (206)616-3341 **Email:** somreg@uw

[redacted] 2357 [redacted]

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? ___ YES _X_ NO

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

Personal/Family_____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Academic remediation_____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Health _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Financial _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Participation in joint degree

Program (e.g., MD/PhD) _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Participation in non-research special study

(e.g., fellowship, international experience) _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Participation in non-degree research _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Other_____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____ ___ Approved ___ Unapproved

Please Specify:

_____

_____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? ___ YES _X_ NO

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

Academic Probation _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____

Probation for unprofessional conduct/behavioral _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____

Probation for other reason _____From (Mo/Yr)____/_____ To (Mo/Yr)____/_____

Please specify a reason:

_____

_____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? ___ YES _X_ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

_____

_____

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? ___ YES _X_ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

_____

_____

___ YES _X_ NO

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements:

_____

_____

[redacted] 2357 [redacted]

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Medical School

Medical Professional Name: Mather, Luke Franz

University of Washington School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Mather, Luke Franz

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868 - 5000 | FAX (817) 868 - 5099

APPENDIX B: Medical School Information for Graduating Class of 2015
University of Washington School of Medicine
Seattle, Washington

Special Characteristics of the School of Medicine's Educational Program

The University of Washington is the only allopathic medical school for the five-state region of Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI). As part of the WWAMI program, students complete the first year at a designated University within their home states and the second year at the University of Washington in Seattle. In the third and fourth years, all students have the opportunity to take the required clerkships and clinical electives at established sites throughout the five-state region.

The School of Medicine requires a formal Objective Structured Clinical Exam evaluation at the end of the second year and the beginning of the fourth year. In addition, the College system provides a four-year integrated curriculum of clinical skills, professionalism, and mentoring. A capstone course at the end of the fourth year integrates important content and clinical skills needed for entering residency training. Below is an outline of the major components of the curriculum.

1. Basic Science Curriculum: The first and second years are composed of 36 basic and applied science courses including Problem-Based Learning, Ethics, and Introduction to Clinical Medicine. Preceptorships and non-clinical electives are also taken during these two years.

2. Required Clinical Clerkships: There are ten required clinical clerkships.Those taken in the third year are: Family Medicine (6 weeks), Internal Medicine (12 weeks), Obstetrics and Gynecology (6 weeks), Pediatrics (6 weeks), Psychiatry (6 weeks), and Surgery (6 weeks). The required clerkships usually taken in the fourth year are: Chronic Care (4 weeks), Emergency Medicine (4 weeks), Neurology (4 weeks), and Surgical Specialty (4 weeks).

3. Independent Investigative Inquiry: The student must complete an independent research project related to a particular problem in medicine.

4. Clinical Electives: A minimum of 16 weeks of clinical electives is required.

Average Length of Enrollment (initial matriculation to graduation) at the School of Medicine

The School of Medicine's curriculum is four years. However, we allow considerable latitude for students to explore areas of interest in depth, complete concurrent degrees, and/or to manage personal issues. The most common extensions to the curriculum are expansions of the second-year curriculum (taking the coursework over two years to allow time for other academic or personal goals) or of the fourth year (planning time for in-depth research, international health opportunities, exploring career direction, or personal goals).

Description of the Evaluation System

The first-year and second-year courses are graded Pass/Fail. The clerkships and clinical electives are graded Honors/High Pass/Pass/Fail. The School of Medicine's grading philosophy is best described as a criterion-referenced approach. Each course develops criteria for performance for each grading level. For example, if all students achieve the Honors criteria, all students receive an Honors grade; similarly, if no one achieves the Honors criteria, no one receives an Honors grade. Recognizing that students progress at varying rates, there are opportunities given for additional study and reexamination to learn the material and for expansion of the curriculum beyond the usual four years. Within our system of grading, there is no class standing or rank assigned.

Grading in the clinical curriculum is based on the evaluation of students' knowledge and problem-solving skills, interpersonal relationships, and professional/personal conduct. Through a review by a departmental grading committee or the clerkship director, there is an effort to standardize the criteria used for assigning grades within a given clerkship regardless of the site. The required clerkships in chronic care, family medicine, pediatrics, psychiatry, emergency medicine and surgery include departmental examinations. Neurology, internal medicine, and obstetrics and gynecology use the NBME subject exam as part of the student's evaluation; most clinical electives do not have departmental end-of-rotation examinations. Some clinical electives require a paper to be considered for Honors.

USMLE Step 1 and Step 2-Clinical Knowledge (CK) and Step 2-Clinical Skills (CS): Students must pass Step 1, Step 2-CK, and Step 2-CS for graduation. To delay taking either of the Step 2 exams, students must request permission from the Associate Dean for Student Affairs. The status of each Step is noted in the MSPE. All students applying for residencies have successfully completed Step 1. If one of the Step 2 exams is failed and not cleared prior to release of the MSPE, it will be noted that the Step will be retaken. The student is expected to develop a study plan and retake the exam in time to receive a passing score before the rank-order lists are submitted.

Utilization of AAMC's Guidelines for Medical Schools Regarding Academic Transcripts: The School of Medicine is in compliance with the essential academic components of these guidelines. The student's official transcript is managed by the University's Registrar's Office.

Guidelines for Preparation of the Dean's Medical Student Performance Evaluation (MSPE)

In conformity with the AAMC Guidelines, the MSPE is written as an evaluation of the student's overall medical school performance. As such, it is not slanted toward the student's career interest. It is anticipated that the faculty recommendation letters will address the student's strengths for a particular specialty. The determination of the summary word (outstanding, excellent, very good, or good) for the clinical curriculum is based on the final grade in the third year required clerkships taken within our School of Medicine. The intent is to be consistent year to year in providing an overall assessment of how the students have performed at the time the MSPE is completed. See Appendices A for information on the grading percentages for the required clinical clerkships and for the MSPE summary word distribution for this graduating class.

The MSPE is assembled in the office of Student Affairs and summarized by the MSPE writing group. The MSPE writing group was composed of eight faculty members of the University of Washington School of Medicine. The Associate Dean for Student Affairs reviewed 10% of each faculty member's letters to insure adherence to the guidelines established previously for summary content. The Vice Dean for Academic Affairs and the Associate Dean for Student Affairs reviewed the performance data for the graduating class and determined how the clinical science summary word was assigned.

Faculty comments from the first and second year Introduction to Clinical Medicine courses are summarized from the official evaluations submitted by the course chairs. For the required clerkships, the official evaluation submitted to the Dean's Office for the student's academic file includes a grade and comments provided by the departmental clerkship director or grading committee. The comments include the department's overall assessment of the student's performance and frequently supplemental individual comments from faculty and residents who worked with the student. The departmental comments submitted for the required clerkships and clinical electives appear in the MSPE with editing for length and grammar but not for content. When direct quotes by faculty and residents are included as part of the evaluation submitted by the department, these are placed in quotation marks.

The students are sent their MSPE as a final draft in September to review for accuracy.

Unique Characteristics and Noteworthy Achievements

This paragraph is used to provide the title and status of completion of the Independent Investigative Inquiry project required of all students. Special achievements, such as completion of a combined degree program or a year-long research experience, are commented on in this paragraph. School or national awards, election to Alpha Omega Alpha and the Gold Humanism Honor Society, are also noted in this section of the MSPE. In addition, students select and elaborate on additional activities that they have determined were influential in their professional development, such as volunteer work or leadership roles in medical school organizations. Activities in which the students are involved while in medical school may also be included in the students' ERAS application or personal statement.

UNIVERSITY OF WASHINGTON
Office Of the Registrar Box 355850
Seattle, Washington 98195-5850
206-543-8580

UoW 1592 (Rev. 1/15)

EXPLANATORY NOTES

TRANSCRIPT OF ACADEMIC RECORD
The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

AUTHENTICATION OF THIS TRANSCRIPT:
A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is purple. Further authentication may be obtained by calling the UW Registration/Transcript Office at (206) 543-8580. The institutional name and the word COPY appear on alternative rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown.

ACADEMIC CALENDAR:
The academic year is comprised of three quarters – autumn, winter, spring – each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (incomplete); N (satisfactory without grade), S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduate and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter H designate honors courses. W designate writing courses, and S designate service learning courses. A course title preceded by the letter R designates a course with a research component.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.1 (B+); 3.0-2.9 (B); 2.8-2.5 (B-); 2.4-2.1 (C+); 2.0-1.7 (C); 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0.

Both grades will count in the grade point average, but credit will be allowed only once. /R indicates that the first grade was greater or equal to a 2.0 and the second grade does not count in the grade point average and credit is not allowed. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Effective winter 2005, /R indicates that a course is repeated. Grades for both courses are calculated in the grade point average. Grades for courses repeated more than once are not included in the grade point average. Credit is allowed only once.

Beginning autumn 1987, /R designates a foreign language course initially taken in high school and used as the language of admission. Credit is not allowed and the grade is not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:
Effective autumn 1998, for entering first year Law students: Letter grades: A (4.0), A- (3.7), B+ (3.4), B (3.0), B- (2.7), C (2.0), D (1.0), E (0.0), CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). For Law students entering prior to autumn 1998: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR, NC, I, N, W, HW. Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, and W. GPA calc began Aut 05 for students (JD only) enrolled as of Spr 07.

SCHOOL OF MEDICINE:
Letter grades : H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added. Effective autumn 2002, S, NS were discontinued.

SCHOOL OF PHARMACY:
Numeric grades : 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7.

COURSE LEVEL:
Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine
and by virtue of the Authority vested in Them by Law have this day admitted

Luke Franz Mather

to the degree of

Doctor of Medicine

and have granted all the Rights, Privileges and Honors thereto pertaining

Given at Seattle, in the State of Washington, this twelfth day of June,
two thousand and fifteen and of the University the one hundred and fifty-fifth.

Ana Mari Cauce
Interim President of the University

Paul G. Ramsey
Dean, School of Medicine

William S. Ayer
Chair of the Board of Regents

UNIVERSITY OF WASHINGTON 1861

I certify this is a true copy of a University of Washington diploma.
Printed name Christine M. Fish
Signature C M Fish
Date April 23, 2018

SEAL VERIFIED

053

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

Federation of STATE MEDICAL BOARDS

Postgraduate Training

Accreditation ID: [redacted]

Institution: [redacted]

Location: [redacted]
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

Federation of STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Rd, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099 Email: fcvsgme@fsmb.org

Verification of Postgraduate Medical Education

Institution: Family Medicine Residency [redacted] Program

Specialty: Family Medicine

Address: [redacted]

Attention: **Program Director**

Affiliated University: University of Washington

Verification For:

Name: Luke Franz Mather

DOB: [redacted]

Individual's Name on Record (If different from above): _____

Program Participation:

Important:

Report Incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

PGY: 1

- [x] Internship
- [ ] Residency
- [ ] Chief Residency
- [ ] Fellowship
- [ ] Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2015 To: 06/30/2016

Successfully Completed?: [x] Yes [ ] No [ ] In Progress

Accredited by: [x] ACGME [ ] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these

PGY: 2

- [ ] Internship
- [x] Residency
- [ ] Chief Residency
- [ ] Fellowship
- [ ] Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2016 To: 06/30/2017

Successfully Completed?: [x] Yes [ ] No [ ] In Progress

Accredited by: [x] ACGME [ ] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these

PGY: 3

- [ ] Internship
- [x] Residency
- [ ] Chief Residency
- [ ] Fellowship
- [ ] Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2017 To: 06/30/2018

Successfully Completed?: [ ] Yes [ ] No [x] In Progress

Accredited by: [x] ACGME [ ] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these

Unusual Circumstances:

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

ELECTRONIC SEAL VERIFIED

1. Did this individual ever take a leave of absence or break from his/her training? [ ] Yes [x] No
2. Was this individual ever placed on probation? [ ] Yes [x] No
3. Was this individual ever disciplined or placed under investigation? [ ] Yes [x] No
4. Were any negative reports for behavioral reasons ever filed by instructors? [ ] Yes [x] No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? [ ] Yes [x] No

Please explain any "Yes" response from above:

Certification:

Affix your institutional seal in this space. If no seal is available, you must have this form notarized

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: [redacted] Signature: [redacted]

Title: Program Director Date of Signature: 04/19/2018

Tel: [redacted] Fax: [redacted] E-Mail: [redacted]

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Graduate Medical Education

Medical Professional Name: Mather, Luke Franz

Accreditation ID: [redacted]

Institution: [redacted]

Specialty: Family Medicine

Unusual Circumstances

Training Period: 7/1/2015 - 6/30/2016 **Internship**

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

Unusual Circumstances

Training Period: 7/1/2016 - 6/30/2018 **Residency**

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Mather, Luke Franz

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

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

Date: 05/07/2018

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: [redacted]

Examinee: Mather, Luke Franz **Examinee ID:** 53014908

Alt Name(s): **Date of Birth:** [redacted]

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
6/29/2013	Pass	[redacted]	[redacted]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
7/23/2014	Pass	[redacted]	[redacted]	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
7/28/2014	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
2/18/2016	Pass	[redacted]	[redacted]	

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

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

Examinee: Mather, Luke Franz

Examinee ID: 53014908

Date of Birth: [redacted]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

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.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

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 are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score 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.

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

Irregular Behavior - The Committee for Individualized Review 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.

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.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, 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 Physician Data Center 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 of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:5/7/2018

PRACTITIONER INFORMATION

Name:	Mather, Luke Franz
DOB:	[redacted]
Medical School:	University of Washington School of Medicine Seattle, Washington, UNITED STATES
Year of Grad:	2015
Degree Type:	MD
NPI:	1912387440

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
IDAHO	M-13485	10/14/2016	6/30/2018	5/2/2018

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:5/7/2018
Practitioner Name:	Mather, Luke Franz	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

From: Scott Maccio
To: Board, Medical (CED sponsored)
Subject: [Not Virus Scanned] AMA Profile Reports
Date: Friday, May 18, 2018 10:39:54 AM
Attachments: [redacted]

- LUKE MATHER
[redacted]

Scott Maccio
Business Operations
American Medical Association

AMA membership: Join or renew today!

The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine and by virtue of the Authority vested in Them by Law have this day admitted

Luke Franz Mather

to the degree of

Doctor of Medicine

and have granted all the Rights, Privileges and Honors thereto pertaining

Given at Seattle, in the State of Washington, this twelfth day of June, two thousand and fifteen and of the University the one hundred and fifty-fifth.

Chair of the Board of Regents

UNIVERSITY OF WASHINGTON 1861

Interim President of the University

Dean, School of Medicine

IDAHO COPY CERTIFICATION BY NOTARY
IC 51-107 AND 51-109

State of Idaho
County of Idaho } ss.

I, Alice K. Nelson, a Notary Public, do certify that on May 14, 2018,
Name of Notary Public *Date*

I compared the preceding or attached copy of

Medical School Diploma
Title or Type of Document

with the original. It is a complete and true copy of the original document, a certified copy of which cannot be obtained from an official custodian of such document.

ALICE K NELSON
Notary Public
State of Idaho

Place Notary Seal/Stamp Above

Alice K Nelson
Signature of Notary Public

Commission Expires 9/18/2018

OPTIONAL

Completing this section is not required, but this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Address Where Original Is Kept: _____
Original Document Date: June 12, 2015
Signer(s) or Issuing Agency: University of Washington

Capacity Claimed by Custodian

- ■ Individual
- ☐ Corporate Officer — Title: _____
- ☐ University or School Officer — Title: _____
- ☐ Governmental Officer or Agent — Title: _____
- ☐ Business Proprietor or Manager
- ☐ Attorney
- ☐ Trustee
- ☐ Other: _____

Custodian Is Representing: _____

ALICE K NELSON
Notary Public
State of Idaho

Alice K Nelson
Commission Expires: 9/18/18

FAMILY MEDICINE RESIDENCY OF IDAHO

RECEIVED
Juneau
MAY 22 2018
CBPL

Hereby certifies that

Luke Mather, M.D.

has satisfactorily completed the

First Year of Residency Training in Family Medicine

July 1, 2015 ~ June 30, 2016

Program Director, Boise

President and CEO, FMRI

Chairman, Board of Directors

Chairman, UW Department of Family Medicine

Through affiliation with:
Department of Family Medicine, University of Washington School of Medicine
Saint Alphonsus Regional Medical Center | St. Luke's Regional Medical Center | Veterans Administration Hospital

RECEIVED
Juneau

MAY 2 2 2018

CBPL

IDAHO COPY CERTIFICATION BY NOTARY
IC 51-107 AND 51-109

State of Idaho
County of Ada } ss.

I, Alice K. Nelson, a Notary Public, do certify that on May 18, 2018,
Name of Notary Public *Date*

I compared the preceding or attached copy of

First Year of Residency Completion Certificate
Title or Type of Document

with the original. It is a complete and true copy of the original document, a certified copy of which cannot be obtained from an official custodian of such document.

ALICE K NELSON
Notary Public
State of Idaho

Place Notary Seal/Stamp Above

Alice K Nelson
Signature of Notary Public

My commission Expires: 09/18/2018

OPTIONAL

Completing this section is not required, but this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Address Where Original Is Kept: _____

Original Document Date: June 30, 2016

Signer(s) or Issuing Agency: [redacted]

Capacity Claimed by Custodian

☒ Individual
☐ Corporate Officer — Title: _____
☐ University or School Officer — Title: _____
☐ Governmental Officer or Agent — Title: _____
☐ Business Proprietor or Manager
☐ Attorney
☐ Trustee
☐ Other: _____

Custodian Is Representing: _____

May 18th 2018

To whom it may concern:

I am currently working to complete my residency in Family Medicine in [redacted] As such I do not have a residency completion certificate at this time. I anticipate completion of my program June 30th 2018. I have included my certificate of completion of my intern year.

Sincerely,

Luke Mather MD

Luke Mather
[redacted]

[redacted]

19 MAY 2016 PM 1 T

Alaska State Medical Board
State Office Building, 333 Willoughby Ave.
PO Box 110806
Juneau, AK 99811-0806

99811080G

072

From: Wiard, Tracy L (CED)
To: [redacted]
Subject: Alaska Medical Board Status Update - Mather
Date: Friday, June 01, 2018 9:26:00 AM

Good Day!

Your application file is completed and will go to the Medical Board Executive Administrator for the next step in the process. This may take up to 10-15 business days. Please note that any discrepancies on your initial application may require additional review or action by the Board.

If there are "yes" answers on the application, the standard review period does not apply.

While an application is in review, there is NO status update from the Executive or myself. Either an Applicant will be contacted by the Executive for more information or by me if an approval has been issued.

Upon approval from the Executive Administrator, a temporary license may be issued and you will be notified by mail or email. You can also check the website at:
https://www.commerce.alaska.gov/cbp/main/search/professional
If approved for a temporary permit, your file will be presented to the Medical Board for consideration at its next regularly scheduled meeting. The Board will review your application and all associated documents. Upon the recommendation of the Medical Board, and assuming all fees have been paid, a permanent license may be issued within 10 business days of the Board meeting.

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

Tracy L. Wiard
Occupational Licensing Examiner

Medical Board A-D and J-N
Physician Assistants A-Z

Department of Commerce, Community, & Economic Development
Division of Corporations, Business, and Professional Licensing
State of Alaska Medical Board
PO BOX 110806
Juneau, AK 99811-0806

(907) 465-2541-Phone
(907) 465-2974-Fax

ALASKA STATE MEDICAL BOARD CHECKLIST – TEMPORARY PERMIT

APPLICANT INFORMATION — Revised: 04/23/18 By: TW

Last Name: Mathur First: Luke Middle: Franz Prof.Desg.: MD

Med School: University of WA SOM Graduation: 2015 Accrediting Board: AAMC

Specialty: Subspec.: Subspec.:

Application based on: Credentials : (State) ID Examination: Start Date: (if known)

FEES PAID

04/23/18	Fees: Application $	$200.00	Receipt No. 201820052794	Date Pd:	
	License $	$300.00	Receipt No. 201820052794	Date Pd:	
			Receipt No.	Date Pd:	
	Temp $		Receipt No.	Date Pd:	

APPLICATION DOCUMENTS

Date Recd:	Document:	Processing Notes:	Cite:
04/23/18	Application, complete w/ photo,notary		AS 08.64.200(a)(1) and 12AAC40.010-.015
04/23/18	Auth. for Release of Records		
05/14/18	Exam Scores Lic by exam: USMLE COMLEX Combi. Other		12 AAC 40.020-.021
	Lic by credentials: (indicate type USMLE,FLEX,NBME,COMLEX,Lexis,State, etc)	USMLE FCVS	12 AAC 40.010(c)(2)
	For State exam: Active lic.?	Passed exam in med/sci subjects?	AS 08.64.250 and 12AAC40.010(c)(1)
05/14/18	Medical School: Diploma/transcript: D FCVS	Accredited by: AAMC (AAMC, AOA)	AS 08.64.200(a)(1)
	International Med School Translation:	or CA approved list? (req. for Intl. School)	12 AAC 40.016(a)(1)
05/14/18	Verification from Med School ~~AAMC~~ FCVS	Univ of WA SOM 6/12/15	12 AAC 40.010-.015
05/22/18	Postgraduate Certificates Accredited by: ACGME	Family Medicine Residency 7/1/15-Present # 150714	12 AAC 40.010-.015
05/14/18	Verifications - PG Prgrms PGY1 (req.) X PGY2 X PGY3 X FCVS		12 AAC 40.010-.015
FCVS	US Grad Before 1995 (1-Year Required)		AS 08.64.200(a)(2)(A)
	US Grad After 1995 X (2-Yrs Required)		AS 08.64.200(a)(2)(B)
	International Grad (3-Yrs Required)		
	Licensure based on one of the folowing: by credentials:	-OR- by exam: ECFMG No.	12 AAC 40.015(b)(2)(E)
	3-Yrs of Accredited Postgraduate Training		AS 08.64.225(a)(2)
	Year -for-Year Substitution as Faculty	Years: (Number of Years Claimed - Max. 3)	12 AAC 40.016(c)(1)
	ABMS Board Certification, Current	Board:	AS 08.64.225(b)(2)
	Current, Active License in Other State for 3 Yrs	State:	AS 08.64.225(b)(1)
04/23/18	Verifications of Licensure:	No license suspended/revoked (disciplinary): None	AS 08.64.200(a)(4)

State	ID	Rec'd 04/23/18	State		Rec'd	State		Rec'd
State	ID-R	Rec'd 04/23/18	State		Rec'd	State		Rec'd
State		Rec'd	State		Rec'd	State		Rec'd

Jurisdictions not listed on application: Discovered where:

04/23/18	Malpractice claims list (incl. explanation/documentation)	None	AS 08.64.200(a)(3)
04/23/18	Hospital Privileges List (covering past 5 years)	none	12 AAC 40.010-.015
None	Hospital Privileges Verifications Complete		12 AAC 40.010-.015
05/02/18	DEA Clearance Report		12 AAC 40.010-.015
05/14/18	FSMB Clearance report	FCVS	AS 08.64.200(b)
05/18/18	AMA/AOA Physician Profile	AMA	12 AAC 40.010-.015
05/31/18	NPDB Report		12 AAC 40.010-.015
n/a	Irregularities (note any "yes" responses or other adverse info):		
	Examiners Notes (include any pending items):	1st year PG cert only. Applicant has not completed 3rd year yet.	
	App Status Letters Sent (Dates):	5/8/2018, 6/1/18	
05/18/18	File completed		
6/1/18	File Sent to Anchorage for Review	Prepared by Licensing Examiner Tracy	

Board Member/Designee Review for Issuance of Temporary Permit — 12 AAC 40.058

✓ Approved - Issue Permit ____ Decision Declined - Refer to Board ____ Interview Required - See notes/comments — AS 08.64.255 and 12 AAC 40.055

Comments:

Signed Debra Stover Date 6/1/18

Temporary Permit No. 133477 Issued ____ Board Review Date ____

08-4390 (Rev 07/2012) — ***6 months only*** — AS 08.64.270(b)

License #: 133477
Effective: 06/01/2018
Expires: 12/01/2018

STATE OF ALASKA

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Luke Franz Mather**

License Type: **Physician Temporary Permit**

Status: **Active**

Commissioner: Mike Navarre

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA

No relationships found.

Designations

Type	Group
DEA Registered	DEA Registration

Wallet Card

State of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

State Medical Board

Luke Franz Mather

As

Physician Temporary Permit

License	Effective	Expires
133477	06/01/2018	12/01/2018

Luke Franz Mather

[redacted]

From: Wiard, Tracy L (CED)
To: [redacted]
Subject: Alaska Medical Board Status Update - Mather
Date: Monday, June 04, 2018 10:31:00 AM

Congratulations! I have issued your temporary permit to practice medicine in the State of Alaska. It will be mailed to you in the next 2-3 business days. In the meantime, you may view your license information on our web site: https://www.commerce.alaska.gov/cbp/main/search/professional

This is only a temporary permit pending final review by the Medical Board. Your application file will be going to the next regularly scheduled Board meeting for review and approval of your permanent license. Upon approval by the Board, if there are no questions, concerns, or comments, I will issue your permanent license within10 business days after the Board meeting.

Please review our Medical Statutes & Regulations on our website, they are updated frequently, https://www.commerce.alaska.gov/web/portals/5/pub/MedicalStatutes.pdf. It is a good idea to bookmark this site.

Also, please ensure your address is current at all times with the Medical Board, and keep copies of all CME certificates for annual education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES: If you would like to receive notices of all proposed medical regulation changes, please send a written request to add your name to the 'Medical Interested Parties List', Attention: Regulations Specialist with the Division of Corporations, Business & Professional Licensing at the PO Box address listed above

Again, congratulations on your temporary permit and please let us know if you have any questions or concerns.

Tracy L. Wiard
Occupational Licensing Examiner

Medical Board A-D and J-N
Physician Assistants A-Z

Department of Commerce, Community, & Economic Development
Division of Corporations, Business, and Professional Licensing
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