

Credential View Screen [update] 

<p>Anna Lynne Dowling Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail <input type="radio"/> Renewal Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] Anna Lynne Dowling 1311 L St Anchorage, AK 99501-4266</p> </div>	<p>ID: 991974 Warnings: 1 - DOH Licensee ... SSN/FEIN: Living Contact Standing: INDIVIDUAL Contact Type: 09/02/1973 Birth Date: YES Public File: Mailing List: Email: dr.anna.dowling@gmail.com</p>	<p>Contact Audit Public Casr Cont. Edu Documents Owned By/ Exams Experience Notes Schools Supervises Supervised Librarian Application Other Stat</p>
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Comments:

Physician And Surgeon License [update] [form letter]

<p>Credential # MD.MD.60227592 Application Date 05/11/2011 Effective Date Expiration Date First Issuance Date Last Date Of Contact 06/13/2011 CE Due Date</p>	<p>Credential Status PENDING (05/12/2011) Status Reason INITIAL APPLICATION IN PROCESS Amount Due \$0.00 Date Last Activity 6/13/2011 9:50:36 AM Last Updated by Robbins, Kevin M Certificate Sent Date</p>	<p>Auc Doc Wo. Key Fee Not Prin Cor Rer</p>
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Comments:

Supervises	User Defined License Data	Legacy	HIPDB										
<p>User Definable License Data [update]</p> <table border="1"> <tr> <td>Method of Licensure</td> <td>ENDORSEMENT</td> </tr> <tr> <td>Medical Speciality</td> <td>Obstetrics & Gynecology</td> </tr> <tr> <td>Cash Receipt Sequence Number</td> <td>02840</td> </tr> <tr> <td>Cash Receipt Date</td> <td>20110511</td> </tr> <tr> <td>Cash Receipt Batch Number</td> <td>0601</td> </tr> </table>				Method of Licensure	ENDORSEMENT	Medical Speciality	Obstetrics & Gynecology	Cash Receipt Sequence Number	02840	Cash Receipt Date	20110511	Cash Receipt Batch Number	0601
Method of Licensure	ENDORSEMENT												
Medical Speciality	Obstetrics & Gynecology												
Cash Receipt Sequence Number	02840												
Cash Receipt Date	20110511												
Cash Receipt Batch Number	0601												

RECEIVED

JUN 14 2011

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

FINGERPRINT

JUN 07 2011

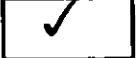
CSO/Credentialing Background

Medical Quality Assurance Commission Physician Application Worksheet

Name DOWLING, ANNA Date of Birth 9/2/1973
 Date Received 5/11/11 Temp Issued Number 60227592 Closed

WSP Check Fee Photo Data1-13 AIDS Attes SSN EBHAR

Chronology



Complete

MISSING
4/06 to 8/04
 _____ to _____
 _____ to _____

5/11/11 5/11/11
 FSMB AMA ECFMG FBI REPORT

Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
		1		
		2		
		3		
		4		
		5		
		6		
		7		

Medical School

Name university of california LA Year of Degree 2005 5/9/11 Transcripts Translations

Examination Type National FLEX USMLE State Exam LMCC 5/2/11 Scores Received

Post Graduate

Post Graduate

Received Training Programs

	OHSU 7/05-6/09 <input checked="" type="checkbox"/>

Received Training Programs

Received	State
<input type="checkbox"/> 5/2/11	OR <input checked="" type="checkbox"/>
<input type="checkbox"/> 5/2/11	AK <input checked="" type="checkbox"/>

Received	Hospital verification
<input type="checkbox"/> 5/12/11	ALASKA NATIVE <input checked="" type="checkbox"/>

Received	Hospital verification

Approved *Barry Elliott* Signature 6/16/11 Date

Comments: _____

PHYSICIAN & SURGEON



500

REVENUE SECTION

PRINT NAME Dowling, Anna

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

|| 2840 ||

2840-5/11/2011 7:39:23 AM-601

\$500.00

MAY 13 2011

RECEIVED

MAY 11 2011

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSIONDEPARTMENT OF HEALTH
MEDICAL COMMISSION

Revenue

Medical Practice License Application for MDs only

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

1. Demographic Information

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

 Male Female

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

Name

First

Middle

Last

Anna

Lynne

Dowling

Birth date (mm/dd/yyyy)

09 / 02 / 1973

Place of birth

City Kalamazoo

State MI

Country USA

Address

1311 L Street

City

Anchorage

State

AK

Zip

99501

County

Country

USA

Phone ()

Fax ()

Cell (907) 952-6772

Email address

dr.anna.dowling@gmail.com

Mailing address (if different from above)

City

State

Zip

County

Country

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

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

Will documents be received in another name? Yes No

If yes, list name(s):

Medical Specialty

Medical school University of California Los Angeles Year of graduation 2005

Medical specialty Obstetrics & Gynecology

2. Personal Data Questions

Yes No

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

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

If you answered yes to question 1, explain:

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

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

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

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

"Currently" means within the past two years.

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

- 3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

- 4. Are you currently engaged in the illegal use of controlled substances?.....

"Currently" means within the past two years.

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

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

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

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

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

2. Personal Data Questions (Cont.)

Yes No

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

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

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

Thompson, Dawn (DOH)

From: Anna Dowling [dr.anna.dowling@gmail.com]
Sent: Tuesday, June 14, 2011 11:25 AM
To: Thompson, Dawn (DOH)
Subject: Re: Pending MD license #MD.60227592

✓
During the timeframe from 6/30/09 to 8/31/09, I was selling my house in Portland, OR and relocating my family to Anchorage, AK. During that time I also traveled in the U.S. visiting family.
Anna Dowling

On Tue, Jun 14, 2011 at 9:43 AM, Thompson, Dawn (DOH) <Dawn.Thompson@doh.wa.gov> wrote:

Dr. Dowling,

Your application file is being reviewed for issue and it has come to our attention that there is more than a 30 day gap in your chronology from 6-09-8/31/09. Please email a brief statement about what you did during this time frame.

Once this is received your license will be issued within a few days.

Sincerely,

Dawn Thompson, Credentialing Specialist

Medical Quality Assurance Commission

Washington State Department of Health

243 Israel Rd SE Tumwater, WA 98501

Email: dawn.thompson@doh.wa.gov

phone [360-236-2765](tel:360-236-2765)

fax [360-236-2795](tel:360-236-2795)

Web address: www.doh.wa.gov/hsqa/mqac

"The Department of Health works to protect and improve the health of the people of Washington State."

3. Medical Education and Experience

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

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
David Geffen School of Medicine at UCLA	MD	4	08/2001	06/2005
Post graduate training (list all programs attended)				
Obstetrics & Gynecology residency at Oregon Health & Science University		4	7/2005	6/2009

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
Alaska Native Medical Center, Anchorage AK	8/31/09	present	staff physician
Planned Parenthood, Anchorage AK	10/09	present	per diem physician

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

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

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy
Alaska Native Medical Center	8/31/09	present

6. Licenses in Other States

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

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
Oregon	7/1/08	LL17636			expired	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	7/1/07	LL16720				
	7/1/06	LL15972				
	7/1/05	LL15027				
Alaska	11/13/10	6619			active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

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

Applicant's initials	Date
AD	4/16/11

8. Applicant's Photograph

Photo Here



Anna Dowling
5/2/11

Height 5'6"
 Weight 135
 Hair color brown
 Color of eyes hazel

9. Applicant's Attestation

I, Anna Dowling, declare under penalty of perjury under the
(Print applicant name clearly)

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

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

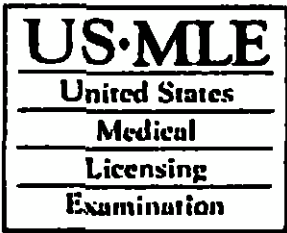
I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

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

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

Dated 4/16/11 at Anchorage, AK (city, state)

By: 
Signature of applicant



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, Euleass, TX 76039-3856 – Telephone (817) 868-4041

Date : 05/02/2011

Recipient:

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

Examinee: Dowling, Anna
Alt Name(s): Dowling, Anna Lynne

Examinee ID#: 5-123-779-0
Date of Birth: 09/02/1973

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/2003	Pass	226	182	92	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/23/2004	Pass	193	182	79	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
02/15/2005	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
OREGON	09/16/2005	Pass	205	184	84	75	

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

UNIVERSITY OF CALIFORNIA, LOS ANGELES

David Geffen School of Medicine

Transcript for: Dowling, Anna Lynne
 Program - Class: UCLA-2005

SSN: 1 - DOH Licensee S...

Date of M.D. Degree: 06/03/2005
 Matriculation Date: 08/06/2001

THE UCLA SCHOOL OF MEDICINE ADOPTED A STRICT PASS/FAIL GRADING SYSTEM WITH THE 1993 ENTERING CLASS. NO HONORS ARE GIVEN.

First Year: 2001-2002	Semester	Units	Grade	Third Year: 2003-2004	Units	Weeks	Grade
Doctoring I	F	5	P	Ambulatory Internal Medicine	8	4	P
Biomathematics	F	2	P	Clinical Foundations	2	1	P
Clinical Applications of Basic Sci	F	2	P	Doctoring 3	2	1	P
Microscopic Anatomy & Cell Biology	F	3	P	Family Medicine	8	4	P
Molecular and Membrane Biology	F	3	P	Inpatient Internal Medicine	16	8	P
Gross Anatomy	F	5	P	Longitudinal Preceptorship	2	1	P
Biological Chemistry	S	4	P	Neurology	6	3	P
Human Nutrition & Bio Chemistry Lab	S	2	P	Obstetrics/Gynecology	12	6	P
Physiology	S	6	P	Pediatrics	12	6	P
Doctoring I	S	5	P	Psychiatry	10	5	P
Clinical Applications of Basic Sci	S	2	P	Surgery	24	12	P
Neuroscience	S	5	P				

Second Year: 2002-2003	Semester	Units	Grade	Fourth Year: 2004-2005	Location	Units	Weeks	Grade
Microbiology & Immunology	F	5	P	Advanced Diagnostic Skills	UCLA	4	2	P
General Pathology	F	5	P	Ambulatory Internal Medicine	SVA	6	3	P
General Pharmacology	F	5	P	Clinical Nutrition	CHS	12	6	P
Medical Genetics	F	2	P	College Foundations		2	1	P
Clinical Fundamentals	F,S	8	P	Diseases of the Breast	CHS	6	3	P
Doctoring 2	F,S	10	P	Elect. in Women's Health: Ob/Gyn	HARBOR	6	3	P
Psychopathology	S	3	P	Emergency Radiology	CHS	6	3	P
Pathophysiology of Disease	S	12	P	Fundamentals of Ultrasound OB/GYN	CS	6	3	P
				Gynecologic Oncology	CHS	6	3	P
				Integrative East-West Medicine	CHS/S,MON	4	2	P
				OB/GYN Research	CHS	10	5	P

Memoranda:

MAY 09 2011

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Dean:



DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

Date Printed: 5/5/2011 12:35:09PM

TRANSCRIPT IS PRINTED IN TWO COLORS WITH A TAMPER RESISTANT SECURITY BACKGROUND

TRANSCRIPT LEGEND IS PRINTED ON BACK

**David Geffen School Of Medicine At UCLA
Office of Student Affairs
12-159 Center for Health Sciences
Los Angeles, California 90095-1720**

To Test for Authenticity: An "Original" watermark **MUST** be visible from both sides when held toward a light source. The front of this transcript is printed in blue and gold on Guardian Academics paper with the David Geffen School of Medicine at UCLA seal.

Additional Tests: When photocopied, a latent image containing the words **COPY VOID** appear. This paper has a tamper resistant background to prevent altering. A DNA marker has been added to the paper. If you have any questions about this transcript, please contact Office of Student Affairs at (310) 825-6281. **ANY ATTEMPT TO ALTER OR TAMPER WITH THIS TRANSCRIPT IS PUNISHABLE BY STATE AND FEDERAL LAWS.**



Record Key

Ex	Exempt
I	Incomplete
IP	In Progress
NG	Non-Graded
P/NP	Pass/Not Pass
Sub	Requirement Fulfilled by Substitution
W	Withdrew from Course

Hospital Location Key

BVA	West Los Angeles Healthcare Center (Brentwood Division)
CHS	Center for Health Sciences (UCLA)
CS	Cedars-Sinai Medical Center
HARBOR	Harbor-UCLA Medical Center
KAISER.SUN	Kaiser Permanente-Sunset
KAISER.WH	Kaiser Permanente-Woodland Hills
KDMC or MLK	King-Drew Medical Center
KERN	Kern Medical Center
MLK-MACC	Martin Luther King Multi-Service Ambulatory Care Center
NORTHRIDGE	Northridge Hospital Medical Center
OVH	Olive View-UCLA Medical Center
S.MONICA	Santa Monica-UCLA Medical Center
ST. MARY'S or SMMC	St. Mary's Medical Center
SVA	Sepulveda Ambulatory Care Center
UCLA	Ronald Reagan UCLA Medical Center
WVA	West Los Angeles Healthcare Center

In Compliance with the Family Education Rights and Privacy Act of 1974. This information is released on the condition that the recipient "will not permit any other party to have access to such information without written consent of the student".

UNIVERSITY OF CALIFORNIA, LOS ANGELES
STUDENT AFFAIRS
OFFICE OF THE DEAN
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
12-159 CHS CENTER FOR THE HEALTH SCIENCES
BOX 951720
LOS ANGELES, CA 90095-1720
MC 64



Hasler

015H26509617

\$00.44₀

05/06/2011

Mailed From 90095
US POSTAGE

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

9850437866





MD

MAY 23 2011

To: Post-Graduate Training Program Director

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Facility Name Oregon Health & Science University
Address 3181 SW Sam Jackson Park Rd, L466, Portland, OR 97239

RE: Verification/evaluation of training

I am applying for a license to practice as a physician in the state of Washington and before my application can be reviewed, a verification and evaluation of post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address shown below. All questions must be answered.

Anna Dowling 9/2/1973
Applicant (Print or type) Birth date
Anna Dowling
Signature of applicant

1. Anna Dowling, MD
Applicant Name (Print or type)
was engaged in postgraduate training in our program Obstetrics & Gynecology Residency
start 07/2005 end 06/2009
(mm/yyyy) (mm/yyyy)
in the field of Obstetrics & Gynecology

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

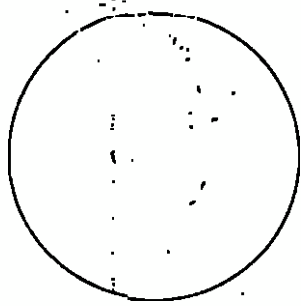
3. Was the participant ever placed on probation, suspended, terminated or requested to voluntarily resign his/her participation in the program? Yes No If yes, please explain _____

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

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

Signature [Signature]
Please type or print
Title Residency Program Director
Hospital OHSU

Address 3181 SW Sam Jackson Park Rd L466
Portland, OR 97239
Date 5/13/11
Telephone 503.494.3106





Oregon

Theodore R. Kulongoski, Governor

Oregon Medical Board
620 Crown Plaza
1500 SW First Avenue
Portland, OR 97201-5826
(971) 673-2700
FAX (971) 673-2670

Verification of Licensure

May 02, 2011

This is to certify that the records of the Oregon Medical Board indicate the following information regarding:

Licensee: Dowling, Anna Lynne, Dr.
Date of Birth: 09/02/1973
Gender: Female
Business Phone:
Mailing Address: OHSU
3181 SW Sam Jackson Park Rd L466
Portland, OR 97239

Basis of Licensure:
School: David Geffen Sch/Med UCLA
School Location: Los Angeles, CA, United States
Graduation Date: 06/15/2005

*Disciplinary Standing: Unrestricted

** Please read explanation below*

License Number: LL17636
Status: Expired
Status Limitations: Temporary Limited Practice
Date Issued: 07/01/2008
License Type: MD Postgraduate License
Specialty: Obstetrics and Gynecology
Dispensing Physician: No

License Type: MD Postgraduate License
Specialty: Obstetrics and Gynecology
Dispensing Physician: No

Other Licenses: From: To:
LL16720 07/01/2007 06/30/2008

License Type: MD Postgraduate License
Specialty: Obstetrics and Gynecology
Dispensing Physician: No

LL15972 07/01/2006 06/30/2007

License Type: MD Postgraduate License
Specialty: Obstetrics and Gynecology
Dispensing Physician: No

LL15027 07/01/2005 06/30/2006



Oregon

Theodore R. Kulongoski, Governor

Oregon Medical Board
620 Crown Plaza
1500 SW First Avenue
Portland, OR 97201-5826
(971) 673-2700
FAX (971) 673-2670

Verification of Licensure

May 02, 2011

This is to certify that the records of the Oregon Medical Board indicate the following information regarding:

*** IMPORTANT - PLEASE READ**

- "Disciplinary Standing" refers to whether or not the Oregon Medical Board has ever taken a formal action against a Licensee. Such actions are taken via a document called a Public Order. If the "Disciplinary Standing" field above says "Public Order on File," "Prior Action," or "Revoked," it means that the Board has taken formal action against this Licensee and your Board is entitled to receive free copies of all related Public Orders. These orders will be sent to you directly by the Oregon Medical Board via US mail within 2-4 working days from the date of this verification.
- If the "Disciplinary Standing" field says "Unrestricted," that means that the Board has never taken any formal action against the Licensee in question and, as a result, there are no Public Orders on file.



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Emil Notti, Commissioner
Lynne Smith, Director

Division of Corporations, Business and Professional Licensing

Alaska State Medical Board

VERIFICATION OF LICENSE

This is to certify that the records of the Alaska State Medical Board indicate the following with regard to the physician named below:

Name: **ANNA LYNNE DOWLING**
License Type: **MD**
Description of License: **IS A LICENSED PHYSICIAN**
License Number: **S-6619**
Current Status: **ACTIVE**
Date First Issued: **07/23/2009**
Expiration Date: **12/31/2012**
School Name: **UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MEDICINE**
Year of Graduation: **2006**
Date of Birth: **09/02/1973**
Gender: **F**
Board Actions: **No actions on file, license in good standing**

This license information was last updated on: 05/02/2011

Debora Stovern
Executive Administrator
Alaska State Medical Board

Date: May 02, 2011

550 West Seventh Avenue - Suite 1500, Anchorage AK 99501-3567

Telephone: (907) 269-8163 Fax: (907) 269-8198

Website: www.commerce.state.ak.us/occc/omed.htm



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Emil Notti, Commissioner
Lynne Smith, Director

Division of Corporations, Business and Professional Licensing

Alaska State Medical Board

VERIFICATION OF LICENSE

This is to certify that the records of the Alaska State Medical Board indicate the following with regard to the physician named below:

Name: **ANNA LYNNE DOWLING**
License Type: **MD**
Description of License: **IS A PHYSICIAN WITH A TEMPORARY PERMIT TO PRACTICE MEDICINE**
License Number: **T-5195**
Current Status: **ACTIVE**
Date First Issued: **06/01/2009**
Expiration Date:
School Name: **UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MEDICINE**
Year of Graduation: **2005**
Date of Birth: **09/02/1973**
Gender: **F**
Board Actions: **No actions on file, license in good standing**

Debora Stover
Executive Administrator
Alaska State Medical Board

Date: May 02, 2011

550 West Seventh Avenue - Suite 1500, Anchorage AK 99501-3567

Telephone: (907) 269-8163 Fax: (907) 269-8196

Website: www.commerce.state.ak.us/occc/omed.htm

To: Hospital Administration (Excluding post-graduate training hospital privileges)

Hospital Name Alaska Native Medical Center

Address

RE: Verification and evaluation of privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information directly to the address shown below at your earliest convenience. All questions must be answered.

Applicant name Anna Dowling Birth date 9/2/1973

Signature of applicant [Handwritten Signature]

1. Anna Dowling has/had admitting or specialty privileges at this hospital from 8-17-09 to 5-29-2012

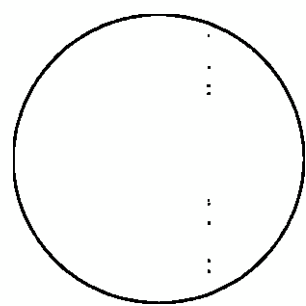
2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration? [X] No

3. Has the applicant ever been asked to resign? [X] No

4. Did the applicant ever resign in lieu of or to avoid adverse action? [X] No

5. Has a report concerning the applicant ever been sent to the National Practitioner Data Bank, or the Healthcare Integrity and Protection Data Bank? [X] No

Return to: Medical Quality Assurance Commission PO Box 47866 Olympia, WA 98504-7866



Signature [Handwritten Signature] Title Medical Director Quality Assurance Hospital Alaska Native Medical Center Address 4320 Diplomatic Drive Suite 2630 Anchorage, AK 99577 Date 5-6-2011 Telephone 907-729-4205



AMA Physician Profile

Name and Mailing Address:

ANNA RINEHART DOWLING MD
527 9TH ST
SANTA MONICA CA 90402-2801

Primary Office Address:

3181 SW SAM JACKSON PARK RD R
PORTLAND OR 97239-3011

Phone: UNKNOWN

Birthdate: 09/02/1973

Birthplace: KALAMAZOO, MI UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

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

Current and/or Historical Medical School:

D GEFFEN SCH OF MED-UCLA, LOS ANGELES CA 90095

Degree Awarded: Yes

Degree Year: 2005



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: OR HLTH SCI UNIV HOSP
Specialty : OBSTETRICS & GYNECOLOGY

State: OREGON
07/2005 - 06/2009
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
ALASKA	MD	07/23/2009	12/31/2012	ACTIVE	UNLIMITED	05/02/2011
OREGON	MD	07/01/2008	06/30/2009	INACTIVE	RESIDENT	07/16/2009
OREGON	MD	07/01/2007	06/30/2008	INACTIVE	RESIDENT	07/16/2009
OREGON	MD	07/01/2006	06/30/2007	INACTIVE	RESIDENT	07/18/2007
OREGON	MD	07/01/2005	06/30/2006	INACTIVE	RESIDENT	07/24/2006

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1457557894	06/22/2007	NOT RPTD	NOT RPTD	NOT RPTD	05/07/2011



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		

Address:

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
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Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

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AMA Physician Profile

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the ID following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

May 11, 2011

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: May 11, 2011
Your Reference Number:
FSMB Batch Number: BQ1907828

The following is a report of the search results from the Board Action Data Bank as of May 11, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 11, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
5	BERGMAN LEWIS, SARAH	05/16/1978	048010	2008	23739865
		LICENSE HISTORY <u>State Board</u> WASHINGTON			
2	DHILLON, AMANDEEP	04/06/1974	495505	2000	23739861
		LICENSE HISTORY <u>State Board</u> MINNESOTA			
3	DOWLING, ANNA	09/02/1973	005030	2005	23739862
		LICENSE HISTORY <u>State Board</u> ALASKA OREGON			
1	KUO, CATHERINE	12/04/1981	014040	2007	23739859
		LICENSE HISTORY <u>State Board</u> WASHINGTON			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Tuesday, May 17, 2011 3:04 PM
To: 'dr.anna.dowling@gmail.com'
Subject: Pending MD license #MD.60227592

May 17, 2011

Dear Dr. Dowling,

This is to acknowledge receipt of your application for your physician and Surgeon licensure in the state of Washington.

MISSING ITEMS

Need Postgraduate training verifications

Need fingerprint card returned to begin your background check (mailed to you on 5/12/11)

If you choose to use email as your way of checking on your application, that may be done at any time.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

Dawn Thompson, Credentialing Specialist

Medical Quality Assurance Commission

Washington State Department of Health

243 Israel Rd SE Tumwater, WA 98501

Email: dawn.thompson@doh.wa.gov

phone 360-236-2765

fax 360-236-2795

Web address: www.doh.wa.gov/hsqa/mqac

"The Department of Health works to protect and improve the health of the people of Washington State."

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Tuesday, June 14, 2011 10:43 AM
To: 'dr.anna.dowling@gmail.com'
Subject: Pending MD license #MD.60227592

Dr. Dowling,

Your application file is being reviewed for issue and it has come to our attention that there is more than a 30 day gap in your chronology from 6-09-8/31/09. Please email a brief statement about what you did during this time frame.

Once this is received your license will be issued within a few days.

Sincerely,

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
243 Israel Rd SE Tumwater, WA 98501
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mgac

"The Department of Health works to protect and improve the health of the people of Washington State."

Redaction Summary (3 redactions)

1 Privilege / Exemption reason used:

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

Redacted pages:

- Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 5, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 13, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance