



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



BOARD OF MEDICINE

RENEWAL APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

Section of this application and submit the original application and all required supporting documents. If more space
attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary
action and could be cause for criminal prosecution pursuant to DC Code 22-2514. If you have any questions, call HPLA Customer Service at
1-877-672-2174 Monday through Friday, 8:15AM to 4:40PM EST.

SECTION 1A. LICENSURE TYPE & FEES		SECTION 1B. BASIS OF APPLICATION	
SELECT LICENSURE TYPE: <input checked="" type="checkbox"/> Medicine & Surgery (MD) <input type="checkbox"/> Osteopathy & Surgery (DO)	SELECT GRADUATE TYPE: <input checked="" type="checkbox"/> U.S./ Canadian Graduate <input type="checkbox"/> International Graduate	Select the basis by which you are applying: EXAM COMPLETED: \$805.00 <input checked="" type="checkbox"/> USMLE <input type="checkbox"/> NBME <input type="checkbox"/> NBOME <input type="checkbox"/> LMCC <input type="checkbox"/> FLEX <input type="checkbox"/> COMLEX <input type="checkbox"/> COMVEX <input type="checkbox"/> State Exam USMLE STEP 3: <input type="checkbox"/> Exam \$288.00 <input type="checkbox"/> Re-Exam \$85.00 EMINENCE: <input type="checkbox"/> Eminence 1: \$805.00 <input type="checkbox"/> Eminence 2: \$2000.00	
SECTION 2A. APPLICANT INFORMATION			
Note: LEGAL NAME: (Do not use any initials unless they are a part of your name) KATELYN R SMITHLING FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.) DEGREE(S): <input checked="" type="checkbox"/> M.D., <input type="checkbox"/> D.O., <input type="checkbox"/> PH.D., <input type="checkbox"/> OTHER DEGREE _____ GENDER: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE [Redacted] [Redacted] [Redacted] Date of Birth Place of Birth : State/Province/Territory Country if not USA Social Security Number			
SECTION 2B. OTHER NAMES USED: (Please print clearly)			
If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended college or university, you must provide a copy of a legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.			
_____ FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.) _____ FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.)			
SECTION 2C: RACE & ETHNICITY DESIGNATION: (Optional)		LANGUAGE(S) SPOKEN:	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/South Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander		Language(s) spoken other than English: _____ _____ _____	



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

SECTION 3A. PREFERRED MAILING ADDRESS

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

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

☒ HOME ADDRESS ☐ BUSINESS ADDRESS

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS:

[REDACTED]

(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # 3 HOME PHONE NUMBER: [REDACTED] HOME FAX: () -

EMAIL ADDRESS: [REDACTED] (REQUIRED)

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME: MedStar Washington Hospital Center

BUSINESS ADDRESS: 110 Irving St Washington DC Washington DC 20010
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

☒ SUITE # 5B-63 ☐ FLOOR#

BUSINESS PHONE NUMBER: (202) 877-7127 BUSINESS FAX: (202) 877-7029

EMAIL ADDRESS: _____

IMPORTANT MESSAGE TO ALL PHYSICIANS

Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing, by email hpla.doh.dc.gov or fax (202) 724-5145 to the District of Columbia Health Professional Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.

District of Columbia Health Professional Licensing Administration
Attention: Processing Department – Board of Medicine
899 North Capitol Street, N.E., 1st Floor
Washington, D.C. 20002



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SECTION 4A. POST SECONDARY SCHOOLS ATTENDED

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

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate
Cornell University	05/2006	B.S.
Columbia University College of Physicians + Surgeons	05/2010	M.D.

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

List experience covering the five (5) year period prior to the submission of the application (MONTH & YEAR) and all internship, residency, and fellowship training. Include letters from employing facilities, organizations, and training (internships, residencies, and fellowships). For "TRAINING AND PRACTICE DESCRIPTIONS", use the letter key code below. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date mm/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)
Women + Infants Hospital / Brown University	06/2010	06/2014	C

TRAINING AND PRACTICE DESCRIPTIONS/TYPE OF POSITION KEY CODE

A. Fellowship B. Internship C. Residency D. Employment E. Private Practice
F. Other ... (Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 4C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS

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

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

Jurisdiction	Issue Date mm/yyyy	Expiration Date mm/yyyy	License Number



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SECTION 5A. PRACTICE TIME IN THE DISTRICT

Please provide practice information

- (1.A) Do you plan to practice in the District of Columbia? ☒ Yes ☐ No
- (1.B) What type of medical practice? ☒ Academic ☐ Administrative ☒ Clinical ☒ Research
- (1.C)

How many hours will you practice in the District of Columbia?	<less than 20 hours/week	>more than 20 hours/week
• ACADEMIC MEDICINE		✓
• ADMINISTRATIVE MEDICINE		
• CLINICAL MEDICINE		✓
• RESEARCH MEDICINE	✓	

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

SECTION 5B. SPECIALTIES

Please select the appropriate specialties.

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

SPECIALTY CODE

AC Academic Medicine	NU Nuclear Medicine	PMR Physical Medicine & Rehabilitation
ADM Administrative Medicine	OB Obstetrics & Gynecology	PR Preventive Medicine/Public Health
AI Allergy & Immunology	OC Occupational Health	PSY Psychiatry
AN Anesthesiology	OP Ophthalmology	RA Radiology
DE Dermatology	OMT Osteopathic Manipulative Treatment	REM Research Medicine
EM Emergency Medicine	ENT Otolaryngology	SU Surgery (General)
FM Family Medicine	PA Pathology	SU Surgery
GE Geriatrics	PED Pediatrics (General)	• SU/BT Burn/Trauma
HOS Hospitalist	PED Pediatrics	• SU/CS Cardiac Surgery
IN Internal Medicine (General)	• PED/AD Adolescent Medicine	• SU/CO Colon & Rectal Surgery
IN Internal Medicine	• PED/CA Cardiology	• SU/GE General Surgery
• IN/CA Cardiology	• PED/EN Endocrinology	• SU/NE Neurological Surgery
• IN/EN Endocrinology	• PED/GI Gastroenterology	• SU/OR Orthopedic Surgery
• IN/GI Gastroenterology	• PED/HEM Hematology	• SU/PL Plastic Surgery
• IN/HEM Hematology	• PED/NEO Neonatology	• SU/TH Thoracic Surgery
• IN/ID Infectious Disease	• PED/NEP Nephrology	• SU/TP Transplant
• IN/NEP Nephrology	• PED/NEU Neurology	• SU/UR Urology
• IN/NEU Neurology	• PED/ONC Oncology	• SU/VA Vascular
• IN/ONC Oncology	• PED/PCC Pulmonary Critical Care	
• IN/PCC Pulmonary Critical Care	• PED/PUD Pulmonary Disease	
• IN/PUD Pulmonary Disease	• PED/RH Rheumatology	
• IN/RH Rheumatology		
MG Medicine Genetics		Other: _____

BOARD CERTIFICATION(S)

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

Please list certifying organization(s)



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SECTION 5C. REQUIRED SCREENING QUESTIONS

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

1.	Have you ever been arrested, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Have you ever been licensed in any healthcare field (other than Medicine) in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s). HEALTH PROFESSION(S) _____ JURISDICTION(S) _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Have you been a defendant or respondent to a claim for damages or a malpractice action?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Have you ever surrendered your clinical privileges (voluntary or involuntary) or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.	Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7.	Has any licensing authority taken adverse action against your medical/osteopathy license or privileges or informed you of any pending charges?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13.	Within the last ten (10) years, have you voluntarily resigned, asked to resign, been terminated, or disciplined by any employer due to practice or moral turpitude issues?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
15.	Have you ever had a professional liability policy cancelled or not renewed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



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SECTION 6A. SUPPORTING DOCUMENTS

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

- ☒ **Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back.**
The photos must be original photos and cannot be computer-generated copies or paper copies.
- ☒ **One (1) character reference form**
Please have form completed by each employer/training program within the past five years (No more than 3 required. Must be completed by an MD or DO).
- ☒ **AMA/AOA Profile** *The profile should be submitted from the issuing institution.*
- ☐ **FCVS (if applicable)**
- ☐ **Verification(s) of licensure** – *These should be provided in a sealed envelope from the issuing jurisdiction(s) for each license identified in Section 4C.*
- ☒ **All undergraduate, graduate, medical, and professional school transcripts.**
Transcripts should be provided in a sealed envelope from the issuing institution for each school that you attended and listed in Section 4A.
- ☒ **Documentation of all experience covering the five (5) year period prior to the submission of the application and all internships, residencies, and fellowship training.**
Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization.
- ☒ **Examination scores** – *In a sealed envelope from the examination contractor or administrator.*
- ☐ **ECFMG Certificate (if Foreign applicant)**
- ☐ **FMGEMS Certificate (if Fifth Pathway applicant)**
- ☐ **Eminence application package (if Eminence 1 or 2 applicant)**
- ☒ **Criminal Background Check (CBC)** – *To access form and instructions go to www.hpla.doh.dc.gov/bomed or contact the CBC unit at 1-877-783-4187.*

SECTION 6B. CONTROLLED SUBSTANCE REGISTRATION

Will you be applying for a DC controlled substance license?

☒ **YES**

☐ **NO**

If yes, please visit the Pharmaceutical Control Division at www.hpla.doh.dc.gov or contact Karin Barron at 202.724.8938/Latasha Gaskin at 202.442-5877

SECTION 6C. PAYMENT/MAILING INFORMATION

Make **CHECK** or **MONEY ORDER** payable to **DC Treasurer**:
A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

MAIL YOUR APPLICATION PACKAGE AND CHECK TO:
Health Professional Licensing Administration Board of Medicine
Processing Center – 899 North Capitol Street, NE (First Floor)
Washington, DC 20002



Government of the District of Columbia
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SECTION 7A.

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

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

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

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

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

Yes No
☐ ☒

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

SECTION 7B. LICENSEE AFFIDAVIT

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

Katelyn Smithling
LICENSEE SIGNATURE

Katelyn Smithling
PRINT NAME

1-2-14
DATE

Update anw 8/10/12



DC Department of Health Board of Medicine Character Reference Form

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

(202)-724 4900

Please print/type name and location of setting completing this form (Should match setting listed on chronological page of application)

Gary N. Frishman, M.D.
Women & Infants Hospital
105 Dudley St., Providence, RI

Katelyn Smithling, M.D.
Please clearly print/type name of Applicant

The District of Columbia Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the D.C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant K. Smithling

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

1. Date and type of service: This individual served with us as a resident
from June 2010 to Jan 2014. If you are responding for a training program, please provide the number of months of
(Month/Year) (Month/Year) postgraduate training awarded 42. 48 upon completion in Jan 2014

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				<input checked="" type="checkbox"/>
Clinical judgment				<input checked="" type="checkbox"/>
Relationship with patients				<input checked="" type="checkbox"/>
Ethical/professional conduct				<input checked="" type="checkbox"/>
Interest in work				<input checked="" type="checkbox"/>
Ability to communicate				<input checked="" type="checkbox"/>

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a state regulatory agency or board, employer hospital or health care facility? Yes ☐; (if yes, please explain on a separate sheet) No ☒
4. Recommendation: (please indicate with check mark)
- Recommend highly and without reservation ☒; Recommend as qualified and competent ☐
 - Recommend with some reservation (explain) _____
 - Do not recommend (explain) _____
5. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

6. The above report is based on: (please indicate with check mark)

- Close personal observation ☒; General impression ☒; A composite of evaluations ☒;
- Other: _____

Date (Required): 6 January 2014

Signed by: [Signature]
Print or type name: Gary N. Frishman, M.D.
Title: Residency Program Director



AMA Physician Profile

Name and Mailing Address

KATELYN RITA SMITHLING MD
DEPARTMENT OF OBSTETRICS-GYN

Primary Office Address

SAME AS MAILING ADDRESS

Phone UNKNOWN

Birth date 06/08/1984

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

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
[REDACTED]	07/30/2010	NOT RPTD	NOT RPTD	NOT RPTD	12/23/2013

Current and/or historical medical school

COLUMBIA UNIV COLL OF PHYSICIANS AND SURGEONS, NEW YORK NY 10032

Degree Awarded: Yes

Degree Year: 2010



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

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

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

Sponsoring Institution: WOMEN & INFANTS HOSP
Sponsoring State: RHODE ISLAND
Program name: BROWN UNIVERSITY (WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND)
Specialty: PROGRAM
Dates: OBSTETRICS & GYNECOLOGY
06/2010 - 06/2014 (Verified)

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

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
RHODE ISLAND	MD	06/15/2010	06/30/2014	ACTIVE	LIMITED	12/02/2013

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at

<https://evsonline2.ecfmg.org/>



U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
None	Reported			

Only the last three characters of active DEA numbers are displayed

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

Specialty Board Certification

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

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



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

Certificate:

Certificate type:

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
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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.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All right reserved.

Action notifications

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

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

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US 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. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website (www.ama-assn.org/go/amaprofiles) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association
Division of Database Products
Attn: Physician Products Portfolio
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Fax: (312) 464-5900

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

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Katelyn Rita Smithling

SSN#: [REDACTED]

SCHOOL: COLLEGE OF PHYSICIANS AND SURGEONS: MEDICINE

DEGREE(S) AWARDED:

Doctor of Medicine

DATE AWARDED:

May 18, 2010

PROGRAM: MEDICINE

SUBJECT COURSE TITLE NUMBER	GRADE	SUBJECT COURSE TITLE NUMBER	GRADE
2006 - 2007		2008 - 2009	
FIRST YEAR COURSES ARE GRADED PASS/FAIL ONLY		THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL	
ANAT M5102 GROSS ANATOMY	[REDACTED]	INTC M7010 CLINICAL CLERKSHIP PRIMARY CAR	[REDACTED]
ANAT M5103 HUMAN DEVELOPMENT	[REDACTED]	MEDI M7201 CLINICAL CLERKSHIP IN MEDICINE	[REDACTED]
ANPH M5105 NEURAL SCIENCE	[REDACTED]	NEUR M7201 CLINICAL CLERKSHIP NEUROLOGY	[REDACTED]
INTC M5010 SCI BASIC/PRAC OF MEDICINE I	[REDACTED]	OBSG M7201 CLINICAL CLERKSHIP OBSTET GYN	[REDACTED]
INTC M5011 SCI BASIC/PRAC OF MEDICINE II	[REDACTED]	PEDS M7201 CLINICAL CLERKSHIP PEDIATRICS	[REDACTED]
MEDI M5103 CLINICAL PRACTICE IA	[REDACTED]	PSCY M7201 CLINICAL CLERKSHIP PSYCHIATRY	[REDACTED]
MEDI M5104 CLINICAL PRACTICE IB	[REDACTED]	SURG M7201 CLINICAL CLERKSHIP IN SURGERY	[REDACTED]
PSCY M5101 PSYCHIATRIC MEDICINE I	[REDACTED]	THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL	
2007 - 2008		ANES M7201 CLINCL CLERKSHIP ANESTHESIOLOGY	[REDACTED]
THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL		UROL M7201 CLINICAL CLERKSHIP IN UROLOGY	[REDACTED]
INTC M6404 PATHOPHYSIOLOGY I	[REDACTED]	THE FOLLOWING COURSES ARE GRADED PASS/FAIL	
INTC M6405 PATHOPHYSIOLOGY II	[REDACTED]	MEDI M7205 CLINICAL CLERKSHIP PRACTICE III	[REDACTED]
PHAR M6101 PHARMACOLOGY	[REDACTED]	NEUR M7205 CLINICAL CLERKSHIP NEUROSURGERY	[REDACTED]
PSCY M6102 PSYCHIATRIC MEDICINE II	[REDACTED]	OPHT M7201 CLINCL CLERKSHIP OPHTHALMOLOGY	[REDACTED]
THE FOLLOWING COURSES ARE GRADED PASS/FAIL		ORTS M7201 CLINCL CLERKSHIP ORTHOPDC SURGERY	[REDACTED]
DERM M6110 DERMATOLOGY	[REDACTED]	OTOL M7201 CLINCL CLERKSHIP OTOLARYNGOLOGY	[REDACTED]
MEDI M6103 CLINICAL PRACTICE IIA	[REDACTED]	SENIOR COURSES TAKEN DURING THE FINAL THREE SEMESTERS	
MEDI M6104 CLINICAL PRACTICE IIB	[REDACTED]	THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL	
MEDI M6106 PHYSICAL DIAGNOSIS	[REDACTED]	AS N03P SURG-ANES INTSV CRE-ADV C	[REDACTED]
RADI M6101 INTRODUCTION TO RADIOLOGY	[REDACTED]	CR N01P CLINICAL CARDIOLOGY	[REDACTED]
		EM N60R EMERGENCY MEDICINE	[REDACTED]
		OB N07P MATERNAL-FETAL MEDICINE	[REDACTED]
		PA N03P MEDICAL & SURGICAL PATHOL	[REDACTED]
		RA N02P DIAGNOSTIC RADIOLOGY ELEC	[REDACTED]
		RD N01P NEPHROLOGY	[REDACTED]
		THE FOLLOWING COURSES ARE GRADED PASS/FAIL	
		CPMD N04P0 CLIN PRAC IV: RETURN TO CL	[REDACTED]
		MDMD N02P0 ADV MED PATHOPHYSIOLOGY/T	[REDACTED]
		MIMD N02P0 BIOMEDICAL INFORMATICS	[REDACTED]

This official transcript was produced on
JANUARY 02, 2014.

OFFICE OF THE UNIVERSITY REGISTRAR
STUDENT SERVICE CENTER
1140 AMSTERDAM AVENUE
205 KENT HALL, MAIL CODE 9202
NEW YORK, NEW YORK 10027
(212) 854-4400



SEAL OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Columbia College, Continuing Education, Engineering and Applied Science, General Studies, Graduate School of Arts and Sciences, International and Public Affairs, Library Service, Human Nutrition, Nursing, Occupational Therapy, Physical Therapy, Special Studies Program, Summer Session
A, B, C, D, F (excellent, good, fair, poor, failing). NOTE: Plus and minus signs and the grades of P (pass) and HP (high pass) are used in some schools. The grade of D is not used in Graduate Nursing, Occupational Therapy, and Physical Therapy.

American Language Program, Center for Psychoanalytic Training and Research, Journalism

P (pass), F (failing). Grades of A, B, C, D, P (pass), F (failing) — used for some offerings from the American Language Program Spring 2009 and thereafter.

Architecture

HP (high pass), P (pass), LP (low pass), F (failing), and A, B, C, D, F — used June 1991 and thereafter P (pass), F (failing) — used prior to June 1991.

Arts

H (honors), P (pass), LP (low pass), F (fail).

Business

H (honors), HP (high pass), P1 (pass), LP (low pass), P (unweighted pass), F (failing); plus (+) and minus (-) used for H, HP and P1 grades Summer 2010 and thereafter.

College of Physicians and Surgeons

H (honors), HP (high pass), P (pass), F (failing).

College of Dental Medicine

H (honors), P (pass), F (failing).

Law

A through C [plus (+) and minus (-) with A and B only], CR (credit - equivalent to passing), F (failing) is used beginning with the class which entered Fall 1994. Some offerings are graded by HP (high pass), P (pass), LP (low pass), F (failing). W (withdrawn) signifies that the student was permitted to drop a course, for which he or she had been officially registered, after the close of the Law School's official Change of Program (add/drop) period. It carries no connotation of quality of student performance, nor is it considered in the calculation of academic honors.
E (excellent), VG (very good), G (good), P (pass), U (unsatisfactory), CR (credit) used from 1970 through the class which entered in Fall 1993.

Any student in the Law School's Juris Doctor program may, at any time, request that he or she be graded on the basis of Credit-Fail. In such event, the student's performance in every offering is graded in accordance with the standards outlined in the school's bulletin, but recorded on the transcript as Credit-Fail. A student electing the Credit-Fail option may revoke it at any time prior to graduation and receive or request a copy of his or her transcript with grades recorded in accordance with the policy outlined in the school bulletin. In all cases, the transcript received or requested by the student shall show, on a cumulative basis, all of the grades of the student presented in single format — i.e., all grades shall be in accordance with those set forth in the school bulletin, or all grades shall be stated as Credit or Fail.

Public Health

A, B, C, D, F — used Summer 1985 and thereafter. H (honors), P (pass), F (failing) — used prior to Summer 1985.

Social Work

E (excellent), VG (very good), G (good), MP (minimum pass), F (failing).

A through C is used beginning with the class which entered Fall 1997. Plus signs used with B and C only, while minus signs are used with all letter grades. The grade of P (pass) is given only for select classes.

OTHER GRADES USED IN THE UNIVERSITY

AB = Excused absence from final examination.

AR = Administrative Referral awarded temporarily if a final grade cannot be determined without additional information.

AU = Audit (auditing division only).

CP = Credit Pending. Assigned in graduate courses which regularly involve research projects extending beyond the end of the term. Until such time as a passing or failing grade is assigned, satisfactory progress is implied.

F* = Course dropped unofficially.

IN = Work incomplete.

MU = Make-Up. Student has the privilege of taking a second final examination.

R = For the Business School. Indicates satisfactory completion of courses taken as part of an exchange program and earns academic credit.

R = For Columbia College. The grade given for course taken for no academic credit, or notation given for internship.

R = For the Graduate School of Arts and Sciences. By prior agreement, only a portion of total course work completed. Program determines academic credit.

R = For the School of International and Public Affairs. The grade given for a course taken for no academic credit.

UW = Unofficial Withdrawal.

UW = For the College of Physicians and Surgeons. Indicates significant attempted coursework which the student does not have the opportunity to complete as listed due to required repetition or withdrawal.

W = Withdrew from course.

YC = Year Course. Assigned at the end of the first term of a year course. A single grade for the entire course is given upon completion of the second term. Until such time as a passing or failing grade is assigned, satisfactory progress is implied.

OTHER INFORMATION

NOTE: All students who cross-register into other schools of the University are graded in the A, B, C, D, F grading system regardless of the grading system of their own school, except in the schools of Arts (prior to Spring 1993) and in Journalism (prior to Autumn 1992), in which the grades of P (pass) and F (failing) were assigned.

% of A Effective fall 1996: Transcripts of Columbia College students show the percentage of grades in the A (A+, A, A-) range in all classes with at least 12 grades, the mark of R excluded. Calculations are taken at two points in time, three weeks after the last final examination of the term and three weeks after the last final of the next term. Once taken, the percentage is final even if grades change or if grades are submitted after the calculation. For additional information about the grading policy of the Faculty of Columbia College, consult the College Bulletin.

KEY TO COURSE LISTINGS

A course listing consists of an area, a capital letter(s) (denotes school bulletin) and the four digit course number (see below).

The capital letter indicates the University school, division, or affiliate offering the course:

A	Graduate School of Architecture, Planning, and Preservation
B	School of Business
BC	Barnard College
C	Columbia College
D	College of Dental Medicine
E	School of Engineering and Applied Science
F	School of General Studies
G	Graduate School of Arts and Sciences
H	Reid Hall (Paris)
J	Graduate School of Journalism
K	School of Library Services/Continuing Education (effective Fall 2002)
L	School of Law
M	College of Physicians and Surgeons, Institute of Human Nutrition, Program in Occupational Therapy, Program in Physical Therapy, Psychoanalytic Training and Research
N	School of Nursing

O	Other Universities or Affiliates/Auditing
P	School of Public Health
Q	Computer Technology/Applications
R	School of the Arts
S	Summer Session
T	School of Social Work
TA-TZ	Teachers College
U	School of International and Public Affairs
V	Interschool Course
W	Interfaculty Course
Y	Teachers College
Z	American Language Program

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The first digit of the course number indicates the level of the course, as follows:

0	Course that cannot be credited toward any degree
1	Undergraduate course
3	Undergraduate course, advanced
4	Graduate course open to qualified undergraduates
5	Graduate course open to qualified undergraduates
6	Graduate course
7	Graduate course
8	Graduate course, advanced
9	Graduate research course or seminar

Note: Level Designations Prior to 1981:

1-99 Undergraduate courses
100-299 Lower division graduate courses
300-999 Upper division graduate courses

The term designations are as follows:
X=Autumn Term, Y=Spring Term, S=Summer Term

THE ABOVE INFORMATION REFLECTS GRADING SYSTEMS IN USE SINCE SPRING 1982. THE CUMULATIVE INDEX, IF SHOWN, DOES NOT REFLECT COURSES TAKEN BEFORE SPRING OF 1982. ALL TRANSCRIPTS ISSUED FROM THIS OFFICE ARE OFFICIAL DOCUMENTS. TRANSCRIPTS ARE PRINTED ON TAMPER-PROOF PAPER, ELIMINATING THE NEED FOR SIGNATURES AND STAMPS ON THE BACK OF ENVELOPES FOR CERTIFICATION PURPOSES. A REPRODUCED COPY OF THIS RECORD SHALL NOT BE VALID. THE HEAT-SENSITIVE UNIVERSITY SEAL, LOCATED ON THE LOWER RIGHT HAND CORNER OF THE FACE OF THE TRANSCRIPT, WILL CHANGE FROM BLUE TO CLEAR WHEN HEAT OR PRESSURE IS APPLIED. A BLUE SIGNATURE ALSO ACCOMPANIES THE UNIVERSITY SEAL ON THE FACE OF THIS DOCUMENT.

RECORD OF:

Katelyn R Smithling

RECORD DATE:

01/02/2014



CORNELL I.D. NO.:

PAGE:

1 of 2

COURSE TITLE	SUBJECT/NUMBER	MEDIAN*	TOTAL ENROLLED	UNITS	GRADE	COURSE TITLE	SUBJECT/NUMBER	MEDIAN*	TOTAL ENROLLED	UNITS	GRADE
FALL 2002						FALL 2003					
Program: Human Ecology						Program: Human Ecology					
Plan: Human Biology, Health, and Society						Plan: Nutritional Sciences					
TRANSFER CREDIT FROM AP TEST CREDIT						ORGANIC CHEM FOR LIFE SCIENCES					
APPLIED TOWARD HUMAN ECOLOGY PROGRAM						CHEM	357			3.00	
Transfer Totals:						CALCULUS I	MATH	111		4.00	
FALL 2002						CORNELL CHORUS	MUSIC	333		1.00	
Program: Human Ecology						SOCIAL SCI PERSPEC FOOD/NUTR	NS	245		3.00	
Plan: Human Biology, Health, and Society						GENERAL PHYSICS	PHYS	101		4.00	
BIOLOGICAL SCIENCES LEC	BIO G	101		2.00		INTRODUCTION TO PSYCH	PSYCH	101		3.00	
BIOLOGICAL SCIENCES LAB	BIO G	103		2.00		**DEAN'S LIST**					
GENERAL CHEMISTRY	CHEM	207		4.00		SPRING 2004					
FWS: FRANKENSTEIN TO DRACULA	ENGL	187		3.00		Program: Human Ecology					
NUTRITN HLTH AND SOCIETY	NS	115		3.00		Plan: Nutritional Sciences					
PERSONAL CONCEPT/CONTROVERSIES	NS	116		1.00		INTRO EXPER ORGANIC CHEM					
BOWLING	P ED	250		1.00		CHEM	251			2.00	
DEAN'S LIST						ORGANIC CHEM FOR THE LIFE SCIE	CHEM	358		3.00	
SPRING 2003						CORNELL CHORUS	MUSIC	334		1.00	
Program: Human Ecology						FOOD FOR CONTEMP LIVING	NS	247		2.00	
Plan: Nutritional Sciences						HUM ANATOMY/PHYSIOLOGY LAB	NS	341		4.00	
BIOLOGICAL SCIENCE LEC	BIO G	102		2.00		GENERAL PHYSICS	PHYS	102		4.00	
BIOLOGICAL SCIENCE LAB	BIO G	104		2.00		**DEAN'S LIST**					
GENERAL CHEMISTRY	CHEM	208		4.00		FALL 2004					
FWS: CST: SUBURBAN EXPERIENCE	ENGL	168		3.00		Program: Human Ecology					
FAMILIES AND THE LIFE COURSE	HD	250		3.00		Plan: Nutritional Sciences					
ADVANCED VOLLEYBALL	P ED	412		1.00		ETHICAL ISS IN HEALTH & MEDIC					
DEAN'S LIST						B&SOC	205			4.00	
						PRINC BIOCHEM INDIV INSTR	BIOBM	330		4.00	
						THE HUMAN BRAIN AND MIND	HD	220		3.00	
						CORNELL CHORUS	MUSIC	333		0.00	
						INTRODUCTION TO STATISTICS	PAM	210		4.00	
						DEAN'S LIST					

CONTINUED

CASSANDRA DEMBOSKY
UNIVERSITY REGISTRAR

SEND TO: HEALTH PROFESSIONAL LICENSING ADMINISTRATION
PROCESSING CENTER
899 NORTH CAPITOL STREET, NE
FIRST FLOOR
WASHINGTON, DC 20002
UNITED STATES

TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE

RECORD OF: Katelyn R Smithling

RECORD DATE: 01/02/2014



CORNELL I.D. NO.: [REDACTED]

PAGE: 2 of 2

COURSE TITLE	SUBJECT/NUMBER	MEDIAN*	TOTAL ENROLLED	UNITS	GRADE
SPRING 2005					
Program: Human Ecology					
Plan: Nutritional Sciences					
CORNELL CHORUS	MUSIC	334		1.00	[REDACTED]
WORLD MUSIC CHORUS	MUSIC	348		1.00	[REDACTED]
PHYS/BIOCHEM/HUMAN/NUTRI	NS	331		4.00	[REDACTED]
NUTRNL&PHYSIC ASPCTS OF FOODS	NS	345		3.00	[REDACTED]
TEACHING APPRENTICESHIP	NS	403		5.00	[REDACTED]
DEAN'S LIST					

FALL 2005
Program: Human Ecology
Plan: Nutritional Sciences

TRANSFER CREDIT FROM TOMPKINS CORTLAND COMMUNITY COL
APPLIED TOWARD HUMAN ECOLOGY PROGRAM
Transfer Totals:

6.00

FALL 2005
Program: Human Ecology
Plan: Nutritional Sciences

NUTRACEUTICALS & FUNC FOODS	FD SC	622		2.00	[REDACTED]
METHODS IN NUTRITIONAL SCIENCE	NS	332		3.00	[REDACTED]
MINERAL NUTR/CHRONIC DISEASE	NS	431		3.00	[REDACTED]
NUTRITION & DISEASE	NS	441		4.00	[REDACTED]
IMPLEMENT OF NUTRITIONAL CARE	NS	442		3.00	[REDACTED]

DEAN'S LIST

COURSE TITLE	SUBJECT/NUMBER	MEDIAN*	TOTAL ENROLLED	UNITS	GRADE
SPRING 2006					
Program: Human Ecology					
Plan: Nutritional Sciences					
INTRODUCTION TO WINES	H ADM	430		2.00	[REDACTED]
CORNELL CHORUS	MUSIC	334		1.00	[REDACTED]
WORLD MUSIC CHOIR	MUSIC	348		1.00	[REDACTED]
HIST OF MOD MIDEAST:19-20TH CE NES		274		3.00	[REDACTED]
OBESITY REG OF BODY WEIGHT	NS	315		3.00	[REDACTED]
MUSHROOMS AND MOLDS	PL PA	201		2.00	[REDACTED]

Cumulative GPA: [REDACTED]

* CORNELL UNIVERSITY *
* HUMAN ECOLOGY *
* BACHELOR OF SCIENCE *
* NUTRITIONAL SCIENCES WITH DISTINCTION *
* MAY 28, 2006 *

END OF TRANSCRIPT

CASSANDRA DEMBOSKY
UNIVERSITY REGISTRAR

SEND TO: HEALTH PROFESSIONAL LICENSING ADMINISTRATION
PROCESSING CENTER
899 NORTH CAPITOL STREET, NE
FIRST FLOOR
WASHINGTON, DC 20002
UNITED STATES

TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE



BROWN
Alpert Medical School

GARY N. FRISHMAN, MD
Residency Program Director
Women & Infants Hospital

Professor of Obstetrics and Gynecology
Warren Alpert Medical School of Brown University

January 6, 2014

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

RE: Katelyn Smithling, MD

To whom it may concern:

Katelyn Smithling, MD is a resident in Obstetrics and Gynecology at Women & Infants Hospital. She has been in our residency program from June 24, 2010 and is scheduled to complete it June 23, 2014.

Dr. Smithling is very a compassionate and caring human being and has great professionalism. Katelyn has a good relationship with her patients and the physicians at the Hospital.

There have never been any suspensions or problems with Dr. Smithling and she is an excellent physician.

Sincerely,

Gary Frishman, MD
Residency Program Director
Department of Obstetrics and Gynecology
Women & Infants Hospital

Professor of Obstetrics and Gynecology
Warren Alpert School of Medicine at Brown University



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 : 02/25/2014

Recipient:

District of Columbia Board of Medicine
ATTN: Antoniette Stokes
899 North Capitol St NE
1st Floor
Washington, DC 20002

Examinee: Smithling, Katelyn
Alt Name(s): Smithling, Katelyn Rita

Examinee ID#:
Date of Birth:



Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/07/2008	Pass			



USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
10/17/2009	Pass			



Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
02/19/2010	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
RHODE ISLAND	11/18/2011	Pass			



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

File Person/Facility Window Help



General

Licenses

Education

Employment

Public Info

Supp. Info.

Photo Name: 098-68-3359 Katelyn Smithling.jpg

Criminal Background Check Results

FBI Result Date: 01/23/2014

FBI Positive: ☐

FBI Negative: ☒

State Result Date: 01/24/2014

State Positive: ☐

State Negative: ☒

Old Criminal Background Check Results

CBC Results Date: 00/00/0000

Positive CBC Result: ☐

Negative CBC Result: ☐

Criminal Background Check in DC?: ☐

Out of State CBC Results

State: ☐

Federal: ☐

Double-click on a field to edit it in a larger window.

Ready



Person		Facility	
First Name	katelyn	Last Name	Smithling
License Number		SSN	
Address Line1		Address Line2	
City		State	
Phone Number		License Status	<All Status>
Profession			
License Type			
Address Line3			
Zip Code			

Clear

Search Results							
Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
Smithling, Katelyn R.							
<u>CONTROLLED SUBSTANCE</u>	Medstar Washington Hospital Center Washington DC 20010	Practitioner - Physician	CS1400032		03/21/2014	12/31/2018	Exp
<u>MEDICINE AND SURGERY</u>	110 Irving St NW Washington DC 20010		MD042075		03/20/2014	12/31/2018	Exp

All Licenses held by - Smithling, Katelyn R.					
License Type	Address	Sub Type	License Number	Hold/Alert	Status
<u>MEDICINE AND SURGERY</u>	110 Irving St NW Washington DC 20010		MD042075		Expired
<u>CONTROLLED SUBSTANCE</u>	Medstar Washington Hospital Center Washington DC 20010	Practitioner - Physician	CS1400032		Expired

[Archive](#) | [Reinstate](#) | [Complaints](#)

Person
<p>First Name: Katelyn Middle Name: R. Last Name: Smithling Suffix: Date of Birth: [REDACTED] Place Of Birth: [REDACTED] Gender: [REDACTED] SSN: [REDACTED] Address Line 1: Address Line 2: Address Line 3: Address Line 4: Washington DC 20009 Date Deceased: Registration Code: 19141183</p>

License
<p>License Number: MD042075 License Type: MEDICINE AND SURGERY Renewal Id: Profession: MEDICINE Sub Type: Date This Status: 02/01/2019 Status: Expired Effective Date: 01/01/2017 Reason Changed: Expired Expiration Date: 12/31/2018 Issue Date: 03/20/2014 from Country: State/Prov: Application Recd Date: Obtained By: Waiver of Examination Reinstatement App Recd Date: Date Last Renewal: 10/05/2016 Disciplinary Limit Flag: N Last Reprint Date: 12/24/2014</p>

Facility
<p>Full Name: Katelyn R. Smithling PersonId: 233301 Owner/Manager: Address Line1: Address Line2: Address Line3: Address Line4: Washington DC 20009</p>

Practice Information
<p>In Active Practice Now?: Practice In DC: Active Practice in DC: Hours per week?:</p>

Alias		
Last Name	Date Changed	Alias Type Label
No Data		

License Bond	
No Data	

Employment	
No Data	

Education			
School Name	School Type	Date Graduated	Degree Certificate
Columbia University	College / University	05/01/2010	Doctorate
Cornell University	College / University	05/01/2006	BS

CE Credits By Cycle		
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked

Employers for License	
No Data	

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology	N	01/23/2014	

Requirements		
Name	Status	Date
No Data		

Prerequisites			
Name	License Type	License Number	Status
No Data			

Schedules	
No Data	


CBC Override	
Date to Override:	Comments:
No Data	

Initial/Renewal Question Answers	
Group Name	Group Response
No Data	

Criminal Background Check			
FBI Result	FBI Result Date	State Result	State Result Date
Negative	01/23/2014	Negative	01/24/2014
Negative	01/23/2014	Negative	05/28/2014

Inspection
No Data

Exam			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Photo ID


Person Or Facility Document			
Date Uploaded	Description	Category	Amendments
01/30/2015		Person	N

Summary				
Name	Address	License Type	License Number	License Status
Kateln R.	110 Irving St NW Suite 5B-	MEDICINE AND	MD042075	Expired

Smithling	63	Washington DC 20010	SURGERY		
-----------	----	---------------------	---------	--	--

License Summary

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD042075	Expired			Waiver of Examination	03/20/2014

Remarks List

Date Last updated	Remarks	Updated By
04/05/2017 08:43:17 AM	Verification re-sent to Massachusetts Board of Registration in Medicine 200 Harvard Mill Square Ste. 330 Wakefield, MA 01880 ck 309 for \$34 sent pdf to wanda.gomes@state.ma.us, Ms. Gomes stated that the board never received the letter so sending another one out.	dohsbhatt
04/03/2017 09:28:02 AM	Verification sent to Massachusetts Board of Registration in Medicine 200 Harvard Mill Square Ste. 330 Wakefield, MA 01880 ck 309 for \$34 sent pdf to wanda.gomes@state.ma.us	dohsbhatt
02/15/2017 08:49:46 AM	Verification sent to Massachusetts Board of Registration in Medicine 200 Harvard Mill Square Ste. 330 Wakefield, MA 01880 ck 309 for \$34	dohsbhatt

Edit Remark

Verification re-sent to
Massachusetts Board of Registration in Medicine
200 Harvard Mill Square
Ste. 330
Wakefield, MA 01880
ck 309 for \$34 sent pdf to wanda.gomes@state.ma.us, Ms. Gomes stated that the board never re

Save Clear