

Application - Physician

Name	Kathryn Elena Storck
Credential	Physician

Fee Details

DR - Original License Fee	\$250.00
DR - Peer Fee Application	\$162.00
	\$412.00

DR Online Application - Main page**Online Application - Instructions**

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to the Online Application for Physicians (DR). To apply for a Colorado physician license, you must be able to supply the following information to the Division of Professions and Occupations (DPO). If you cannot supply the necessary information referenced on the following screens then you may not proceed with your application.

Important information before you proceed: Colorado has a mandatory practice act which means that no one may practice as a physician in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you will be granted a license. Plan ahead for the time it will take for us to receive all required documentation.

In submitting this application, you are authorizing all hospitals, institutions or organizations, your references, personal physicians, employers (past and present, business and professional associations (past and present), and all governmental agencies (local, state, federal and foreign), which includes state medical licensing boards, to release to the licensing Board any information, files or records requested by the Board in connection with the processing of this application. Furthermore, you authorize this Board to release to the organizations, individuals and groups listed above any information which is material to your application or pertinent to your practice.

There are two ways to become licensed as a physician in Colorado. You may apply for licensure by Original method or you may apply for licensure by Endorsement. You may review the Application Checklist on the **Board's homepage** before beginning the process to ensure you have all information and documentation required to complete the application.

- Original: You should apply for a license by original method if:
 - You are at least 21 years of age;
 - You can provide a copy of your birth certificate or U.S. passport;
 - You have graduated from an approved medical school with a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) degree;
 - If you graduated from a medical school outside the U.S., you must obtain certification through the Educational Commission for Foreign Medical Graduates (ECFMG). For further information, visit **ECFMG's website**. Additionally, you must complete the International Graduate Questionnaire and upload at the time you apply. You may access the questionnaire on the **Board's homepage**.
 - You have completed at least one year of post-graduate training approved by the Accredited Council for Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME). You must submit verification of your training using the Certificate of Completion of ACGME/AOA/CCME Training form, which is available on the **Board's homepage**.
 - If you graduated from a medical school outside of the U.S., you must have completed at least three years of post-graduate training approved by the Accredited Council for Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME).
 - You have passed an examination for licensure and arranged for verification to be sent to the Office of Licensing. Your application will not be fully processed until verification of your exam is received from the appropriate examining agency (Medical or Osteopathic National Boards, FLEX, USMLE, LMCC or state written exam). For more detailed information about examination requirements, review the Summary of Requirements and/or the USMLE Information available on the **Board's homepage**.
- Endorsement: You should apply for a license by endorsement if:
 - You are at least 21 years of age;
 - You can provide a copy of your birth certificate or U.S. passport;
 - You hold a current and valid physician license in another state or jurisdiction that had/has substantially similar requirements for original licensure. You must provide verification of ONE physician license you currently hold;
 - You have actively practiced as a physician for at least five of the seven years preceding submission of this application for licensure. Otherwise, you must provide another manner in which you can demonstrate competency to practice.

For more information about the Colorado Medical Board, please visit the **Board's homepage**. If you are prepared to apply for a physician license, click "Next" to continue.

DR Online Application - Application Checklist - Fees**Online Application - Application Checklist**

1. Fees: The application fee is \$412. Please note that fees are non-refundable.

Check yes if you are prepared to pay for your application using a Credit Card (MasterCard, Visa, Discover or AMEX) or electronic check:

Yes

MED Online Application - Age**Online Application - Application Checklist**

2. Are you at least 21 years of age?

Yes

MED - Online Application - Application Checklist - Birth Certificate or U.S. Passport

Online Application - Application Checklist

3. You must provide a copy of your birth certificate or U.S. passport below. Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

KStorck Passport.pdf

DR Online Application - Application Checklist - Method

Online Application - Application Checklist

4. Select your License Method below:

Original

DR Online Application - Application Checklist - International Graduate

Online Application - Application Checklist - International Graduate

5. Did you graduate from a medical school outside of the United States or Canada?

- If Yes, you must upload your completed International Graduate Questionnaire on the next screen in order to continue with the application. You may access the International Graduate Questionnaire on the [Applications and Forms webpage](#).

No

DR Online Application - Original - Medical School

Online Application - Original - Medical School

10. Did you graduate from an approved medical college with a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) degree?

Yes

DR Online Application - Original - ACGME/AOA Post-Graduate Training

Online Application - Original - ACGME/AOA Post-Graduate Training

11. Did you complete at least one year of post-graduate training approved by the Accredited Council for Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME)?

Yes

DR Online Application - Original - ACGME/AOA Post-Graduate Training - if Yes

Online Application - Original - ACGME/AOA Post-Graduate Training - if Yes

12. You must submit verification of your postgraduate training using the Certificate of Completion of ACGME/AOA/CCME Postgraduate Training form available on the [Applications and Forms webpage](#). The form must be completed by you and the facility where you completed the training. Further training beyond the required year may be verified with a letter from the facility or using the Certificate of Medical Education (not valid without a school seal).

If you have your Certificate of Completion of ACGME/AOA/CCME Postgraduate Training form completed by you and your school, you may upload the form below. Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

Otherwise, you must arrange for the form to be sent to the Office of Licensing - Medical Licensure (1560 Broadway, Suite 1350, Denver, CO 80202). Your application will not be fully processed until this is received. Click "Next" to continue.

DR Online Application - Original - Exams

Online Application - Original - Exams

13. You must provide verification of passing an appropriate examination(s). Contact the appropriate examining agency (Medical or Osteopathic National Boards, FLEX, USMLE, LMCC or state written exam) to request your scores be sent directly to the Office of Licensing (1560 Broadway, Suite 1350, Denver, CO 80202). Your application will not be fully processed until this is received.

- For more detailed information about examination requirements, review the Summary of Requirements and/or the USMLE Information available on [Applications and Forms webpage](#).

REDACTED

DR Online Application - Original - Other DR License(s)

Online Application - Original - Other DR License(s)

16. Do you hold or have you ever held a license to practice medicine in another state or jurisdiction?
Yes

DR Online Application - Application Checklist - Other License Information

Online Application - Application Checklist - Other License Information

17. List ALL physician licenses you hold or have held in any other state or territory.

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Kathryn Elena Storck	Utah	MD	9373032-1205	Active	04/08/2016	01/31/2018	No	
Kathryn Elena Storck	Ohio	MD Training Certificate	57.020368	License Type Ended	10/21/2011	06/26/2015	No	

DR Online Application - Application Checklist - Other License Verification

Online Application - Application Checklist - Other License Verification

18. You must provide verification of ONE physician license you currently hold in any other state or jurisdiction.

The verification can be from the other state or jurisdiction website, but must indicate the current status, issuance and expiration dates as well as whether disciplinary has been taken against that license. If you are unable to access verification from the other state or jurisdiction website, you may request verification be sent directly to the Office of Licensing - Medical Licensure (1560 Broadway, Suite 1350, Denver, CO 80202). However, mailing your verification will delay processing of your application. A copy of your license will not suffice.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

Utah License Verification 2017.06.pdf

DR Online Application - Medical School Information

Online Application - Medical School Information

You must enter your medical school information in the fields provided below.

19. Name of School:

Temple University School of Medicine

20. School Address (if you graduated from a medical school outside the U.S., please include the country):

3500 N Broad St, Philadelphia, PA 19140

21. Years Attended:

2007-2011

22. Graduation Date:

05/16/2011

DR Online Application - Post-Graduate Training Information

Online Application - Post-graduate Training Information

You must enter your postgraduate training information in the fields provided below.

23. Name of Facility:

Ohio State University Medical Center

24. Specialty:

REDACTED

3/23/2020

Obstetrics and Gynecology

25. Years Attended:
2011-2015

DR Online Application - NPDB-HIPDB**Online Application - NPDB-HIPDB**

26. You must complete an online Self-Query for the National Practitioner's Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB) and submit the results to the Office of Licensing - Medical Licensure (1560 Broadway, Suite 1350, Denver, CO 80202). For instructions and/or assistance, contact NPDB-HIPDB at (800) 767-6732 or visit the [NPDB-HIPDB website](#).

Have you completed an online Self-Query and arranged for it to be sent to the Office of Licensing?
Yes

DR Online Application - Disciplinary Action Report**Online Application - Disciplinary Action Report**

27. You must complete and submit the Disciplinary Action Report Form directly to the Federation of State Medical Boards (FSMB). You may access the Disciplinary Action Report Form on the [Applications and Forms webpage](#). Once FSMB completes your request, they will provide the completed form directly to the Office of Licensing. Do not send the request form to the Office of Licensing as it will delay processing of your application. For further information or to submit your request, contact FSMB at (817) 868-4000 or visit the [FSMB website](#).

Have you submitted a request to FSMB for your Disciplinary Action Report?
Yes

DR Online Application - Practice History**Online Application - Practice History**

28. You must list your practice history as a physician in chronological order since completion of graduate school, including all internships, residency and fellowship training programs as well as non-medical employment. You must also request original letters of reference for the last five years. Letters must be provided directly to the Office of Licensing - Medical Licensure (1560 Broadway, Suite 1350, Denver, CO 80202) on letterhead from the original source, with dates listed as month/year.

Position or Activity	StartDate	EndDate	Reason for Leaving	Employer's Name	Supervisor's First Name	Supervisor's Last Name	Employer Address	Address Line 2	City	Country	State	Zip Code	Telephone Number
Residency	06/20/2011	06/19/2015	Residency Completed	The Ohio State University Hospital	Philip	Samuels	395 W 12th Ave, 5th Floor		Columbus	United States	Ohio	43210	(614) 293-4532
Fellowship	07/01/2015	06/30/2017	Completion of Fellowship	University of Utah Health Care	David	Turok	30 N 1900 E	Rm 2B200	Salt Lake City	United States	Utah	84132	(801) 581-6170
Moonlighting as Laborist	08/14/2015	06/23/2017	Moving away from the area	Intermountain Medical Center	Flint	Porter	5121 Cottonwood St		Murray	United States	Utah	84107	

DR Online Application - Application Checklist - Board Certifications**Online Application - Board Certifications**

29. Are you Board certified by either the American Board of Medical Specialties or the American Osteopathic Association?
No

Affidavit of Eligibility**AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

* The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.

30. Please enter your Full Legal Name
Kathryn Elena Storck

Affidavit of Eligibility - Section A**Section A: LAWFUL PRESENCE in the United States**

31. Select one of the following Lawful Presence types below and click "Next" when done:

1. I am a U.S. Citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.

Affidavit of Eligibility - Section B.1**Section B: SECURE AND VERIFIABLE DOCUMENTS**

32. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Yes

Affidavit of Eligibility - Section B.1 if Yes**Section B: SECURE AND VERIFIABLE DOCUMENTS**

33. Select one of the following Government Issued Identification:

U.S. Passport

34. Enter the name of State or Federal Agency that issued the identification:

U.S. Department of State

35. Enter your full name as shown on the driver's license or State/Federal issued identification:

Kathryn Elena Storck

36. Enter the State/Federal government issued license/ID number:

REDACTED

37. Enter the expiration date of the license/ID:

09/12/2023

38. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Yes

Affidavit of Eligibility - Section C**Section C: Attestation**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

74. By entering your full legal name below you attest that you have read and understand the above information.

Kathryn Elena Storck

75. Please enter today's date below:

06/05/2017

GLOBAL Online Application - Applicant Information**Online Application - Applicant Information**

76. Social Security Number*: DO NOT include dashes (-) only the numeric value.

REDACTED

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

77. First Name:

Kathryn

78. Middle Name or Initial:

Elena

79. Last Name:

Storck

80. Suffix:

81. Previous Names:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
			June	2017		

82. Gender:

Female

83. Date of Birth:

REDACTED

84. Birth City:

Kankakee

85. Birth State:

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Illinois

86. Birth Country:

United States

GLOBAL Online Application - Military**Online Application - Military Questions**

87. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

GLOBAL Online Application - Military Veteran**Online Application - Military Questions**

90. Are you a Veteran of the U.S. Military?

No

DR Online Application - Application Checklist - Malpractice Insurance**Online Application - Application Checklist - Malpractice Insurance**

92. Pursuant to section 13-64-301 of the Colorado Revised Statutes, you must provide proof of Colorado malpractice insurance or a letter of exemption before the Board will fully process your application for licensure. If you do not yet have malpractice coverage, you must obtain coverage and provide proof to the Office of Licensing.

- If you have malpractice insurance valid in Colorado, you must arrange for your insurance carrier or Colorado postgraduate training program to submit an original statement to the Office of Licensing indicating the policy number, dates of coverage and amounts of coverage. If the insurance company is located outside of Colorado, you must also arrange for a statement affirming that the coverage is effective while you practice in Colorado.

- If you qualify for an exemption listed in Rule 220, you must provide proof to establish your eligibility for an exemption.

Do you carry malpractice insurance in Colorado as required by law?

- If No, you will be prompted to select an exemption on the next screen. You may review the Statutes and Rules on the [Laws, Rules and Policies webpage](#).

No

DR Online Application - Application Checklist - Malpractice Insurance - Exemption Selection

Online Application - Application Checklist - Malpractice Insurance Exemption

93. If you do not carry malpractice insurance in Colorado, then you must qualify for ONE of the below exemptions per Rule 220 and provide proof of your eligibility for the exemption. Select from the list below which exemption you qualify for and then click "Next" to continue.

I am a physician who provides uncompensated health care to patients, or who does not otherwise engage in any compensated care in Colorado.

MED Online Application - Application Checklist - Security of Patient Medical Records

Online Application - Security of Patient Medical Records

94. By checking Yes you are attesting that you have developed a written plan to ensure the security of patient medical records in compliance with section 12-36-140 of the Colorado Revised Statutes.

Yes

GLOBAL Online Application - Screening Questions

Online Application - Screening Questions

You will need to answer the screening questions on the following screens. For each "YES" response to the screening questions you must provide the following:

- An explanation of your behavior or practice that led to the occurrence, including:
 - Date(s) of the event/offense
 - Description of the event/offense
 - Location/court
 - Current status/outcome
- You may also be required to provide the following:
 - Copies of legal documents relating to the event/offense.
 - Copies of legal documents indicating your compliance with any requirements imposed upon you.

If you check "Yes" on any of the following screening questions you will be prompted by the system to submit an electronic copy of the necessary documents.

MED Online Application - Screening Questions - Pending Complaints

Online Application - Screening Questions

95. Have you been notified by any state, territory, district, or county, U.S. governmental agency, or state medical/osteopathic licensing board of any complaint, investigation, or inquiry which is currently pending?

No

MED Online Application - Screening Questions - Admonished, Reprimanded or Censured

Online Application - Screening Questions

102. Has any healing arts license which you now hold or have ever held been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any governmental agency, law enforcement agency or court of law?

No

MED Online Application - Screening Questions - Agreement

Online Application - Screening Questions

109. Have you ever entered any agreement with any state, territory, district, county, U.S. governmental agency, and state medical/osteopathic board regarding your medical license?

No

MED Online Application - Screening Questions - Exam and/or License Denied

Online Application - Screening Questions

116. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination in any state, country, or U.S. federal jurisdiction?

No

MED Online Application - Screening Questions - Voluntary Surrender**Online Application - Screening Questions**

123. Have you ever voluntarily surrendered a license to practice medicine or any other healing arts in any state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee.

No

MED Online Application - Screening Questions - Clinical Privileges/DEA Registration**Online Application - Screening Questions**

130. Has your medical staff membership or clinical privileges at any hospital or healthcare facility or your DEA registration been voluntarily or involuntarily reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended? You must answer "YES" if you have withdrawn or failed to proceed with an application for these items.

No

MED Online Application - Screening Questions - Violation of Law**Online Application - Screening Questions**

137. Have you ever been charged, indicted, convicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of nolo contendere, or been placed on adult diversion to any violation of any law? It is unnecessary to report traffic offences that do not involve drugs or alcohol.

REDACTED

MED Online Application - Screening Questions - Drugs/Alcohol - Adverse Action**Online Application - Screening Questions**

144. Do you now abuse or excessively use, or have you in the last five years abused or excessively used any habit forming drug, including alcohol, or any controlled substance, which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation, or finding of working impaired, diversion of a controlled substance or habit-forming medication (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm?

If you answer Yes, you must submit detailed information to the Board that will allow the Board to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Board.

REDACTED

MED Online Application - Screening Questions - Drugs/Alcohol**Online Application - Screening Questions**

151. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance, which may affect your ability to practice safely and competently or has resulted in an accusation of misconduct, unreliability, neglect of work or failure to meet professional responsibilities?

You may answer No if the condition is already known to the Colorado Physician Health Program (CPHP). "Known to CPHP" means that you have been formally evaluated by CPHP for the illness, condition or use of substances and you are in compliance with all CPHP's requirements for treatment and/or monitoring.

If you answer Yes, you must submit detailed information to the Board that will allow the Board to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Board.

REDACTED

MED Online Application - Screening Questions - Condition - Adverse Action**Online Application - Screening Questions**

158. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder, which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation or finding of working impaired, diversion of controlled substances or habit-forming medications (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm?

If you answer Yes, you must submit detailed information to the Board that will allow the Board to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Board.

REDACTED

MED Online Application - Screening Questions - Condition

Online Application - Screening Questions

165. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder, which may affect your ability to practice safely and competently or has resulted in an accusation of misconduct, unreliability, neglect of work or failure to meet professional responsibilities?

You may answer No if the condition is already known to the Colorado Physician Health Program (CPHP). "Known to CPHP" means that you have been formally evaluated by CPHP for the illness, condition or use of substances and you are in compliance with all CPHP's requirements for treatment and/or monitoring.

If you answer Yes, you must submit detailed information to the Board that will allow the Board to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Board.

REDACTED

MED Online Application - Screening Questions - Malpractice Claims

Online Application - Screening Questions

172. Within the last five years, has any final judgment, settlement or arbitration award for medical malpractice been paid on your behalf or has any claim been filed which is still pending?

No

MED Online Application - Screening Questions - Malpractice Changes

Online Application - Screening Questions

179. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience?

No

GLOBAL Online Application - Attestation

Online Application - Attestation

By submitting this online application you attest under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of your knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

186. By entering your full legal name below you attest that you have read and understand the above information.

Kathryn Elena Storck

187. Please enter today's date below:

06/05/2017

HPPP - DR Introduction

Healthcare Professions Profile

Please be aware that this profile is only for your Physician license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

HPPP GLOBAL - Location of Practice

Location of Practice

188. Are you currently practicing in the healthcare profession associated with this profile?

Yes

HPPP GLOBAL - WF Location of Practice If Yes**Location of Practice**

189. Practice Locations:

Address	City	State	Zip Code	Phone Number
5121 Cottonwood St	Murray	Utah	84107	801-507-7000
50 N Medical Drive	Salt Lake City	Utah	84132	801-581-6170

HPPP - MEDICAL Education and Training**Education and Training**

190. School or Education Level:

Temple University School of Medicine

191. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2011

HPPP GLOBAL - Other Licenses**Other Licenses**

192. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

HPPP GLOBAL - Other Licenses if Yes**Other Licenses**

193. Other Licenses:

State	License Status	Year Originally Issued
Utah	Active	2015
Ohio	Inactive	2011

HPPP GLOBAL - Board Certifications**Board Certifications**

194. Do you hold any current Board Certifications?

No

HPPP GLOBAL - Practice Specialties**Practice Specialties**

196. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

HPPP - MEDICAL Practice Specialties if Yes**Practice Specialties**

197. Practice Specialties:

Specialty
Obstetrics and Gynecology

HPPP GLOBAL - CO Hospital Affiliations

Colorado Hospital Affiliations

198. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

HPPP GLOBAL - Other Hospital Affiliations

Other Health Care Facilities and Out of State Hospital Affiliations

200. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

HPPP GLOBAL - Other Hospital Affiliations If Yes

Other Health Care Facilities and Out of State Hospital Affiliations

201. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
University of Utah Health	Faculty	Salt Lake City	Utah
Intermountain Medical Center	Other	Murray	Utah

HPPP GLOBAL - Business Ownership

Business Ownership

202. Do you have a current business ownership interest in any healthcare-related business?

No

HPPP GLOBAL - Employer

Employer

204. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

HPPP GLOBAL - Employer if Yes

Employer

205. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
University of Utah Health	30 N Medical Dr	Salt Lake City	Utah	84132	(801) 581-2121
Intermountain Medical Center	5121 Cottonwood St	Murray	Utah	84107	(801) 507-7000

HPPP GLOBAL - Employment Contracts

Employment Contracts

206. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

HPPP GLOBAL - Disciplinary Actions

Disciplinary Actions

208. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?
No

HPPP GLOBAL - Restrictions and Suspensions**Restrictions and Suspensions**

210. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?
No

HPPP GLOBAL - Healthcare Facility Actions**Healthcare Facility Actions**

212. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.
No

HPPP GLOBAL - Termination of Employment**Termination of Employment**

214. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?
No

HPPP GLOBAL - DEA Registration**DEA Registration Surrender**

216. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?
No

HPPP GLOBAL - Convictions**Convictions**

219. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?
No

HPPP GLOBAL - Malpractice Claims**Malpractice Claims**

221. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
No

HPPP GLOBAL - Malpractice Carrier Refusal**Malpractice Carrier Refusal**

223. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

HPPP GLOBAL - Optional Narrative

Optional Narrative

225. Optional Narrative:

HPPP GLOBAL - Attestation

Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

226. Submission Date:

06/05/2017

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0059001

Name	Kathryn Elena Storck
Credential	DR.0059001

Fee Details

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$218.50
DR- Peer Fee	\$140.00
	\$386.00

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You CANNOT change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800. DR have Active and Inactive options, CDRH has Active only

By renewing my license in INACTIVE status, I attest that:

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that I have NOT engaged in any conduct or exhibited any behaviors that resulted in the following following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690.:

- An arrest, discipline, sanction or warning
- Loss or suspension of any license
- Termination or suspension of any license
- Endangering the safety of others
- A breach of fiduciary obligations
- A violation of workplace or academic conduct rules
- An impairment of your ability to practice in a safe, competent, ethical and professional manner
- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently
- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner

By renewing my license in ACTIVE status, I attest that I have NOT had any inquiry, investigation or administrative/judicial proceeding by the following following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690.:

- A licensing authority
- A government agency
- An employer
- An educational institution
- A professional organization
- In connection with an employment disciplinary or termination procedure

By renewing my license in ACTIVE status, I attest that: I have established and will continuously maintain professional liability insurance as required by 13-64-301, C.R.S.

All statuses click Next to proceed.

PDMP Renewal Attestation

By renewing your license in Active status, you agree with the following statement:

I attest that IF I maintain a current United States Drug Enforcement Agency (DEA) registration, I have registered an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) at <https://colorado.pmpaware.net>.

(If you have questions about registering or to check if you have registered, please email the PDMP Help Desk at pdmpinqr@state.co.us for assistance.)

Click Next to proceed.

AoE Renewal Update

Affidavit of Eligibility | Renewal Update of Information

1. Since you were originally licensed or since your last renewal (whichever was more recent) has the documentation you provided proving your legal status in the United States changed?

- If nothing has changed in your legal status or documentation, select "No"
- If your status has changed, or you need to update your documentation, select "Yes" to update your information

No

AoE Attestation

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

96. Please enter today's date below:

03/13/2019

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

97. Are you currently practicing in the healthcare profession associated with this profile?

Yes

Healthcare Profile - Location of Practice if Yes**Healthcare Professions Profile | Location of Practice**

98. Practice Locations:

Address	City	State	Zip Code	Phone Number
46 Suttle St	Durango	Colorado	81303	(970) 247-3002
Box 160 Hwy 491 N	Shiprock	New Mexico	87420	(505) 368-6500

Healthcare Profile - Medical Education and Training**Healthcare Professions Profile | Education and Training**

99. School or Education Level:

Temple University School of Medicine

100. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2011

Healthcare Profile - Other Licenses**Healthcare Professions Profile | Other Licenses**

101. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

Healthcare Profile - Other Licenses if Yes**Healthcare Professions Profile | Other Licenses**

102. Other Licenses:

State	License Status	Year Originally Issued
Ohio	Inactive	2011
Utah	Active	2015

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

103. Do you hold any current Board Certifications?

Yes

Healthcare Profile - Medical Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

104. Board Certifications:

Certification
Obstetrics and Gynecology

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

105. Do you have a practice specialty in which you are appropriately trained and actively practicing?
Yes

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

106. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

107. Do you have a current affiliation or clinical privileges with any Colorado Hospital?
No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations

109. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?
Yes

Healthcare Profile - Other Facility and Out of State Hospital Affiliations if Yes

Healthcare Professions Profile | Other State Hospital Affiliations

110. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Northern Navajo Medical Center	Faculty	Shiprock	New Mexico

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

111. Do you have a current business ownership interest in any healthcare-related business?
No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

113. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

114. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood of the Rocky Mountains	46 Suttle St	Durango	Colorado	81303	(970) 247-3002
Indian Health Service	Box 460 Hwy 491 N	Shiprock	New Mexico	87420	(505) 368-6500

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

115. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

117. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

119. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions**Healthcare Professions Profile | Healthcare Facility Actions**

121. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

123. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

125. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

128. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

130. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

132. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

134. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

135. Submission Date:

03/13/2019

Review

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