

2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

APPLICATION FOR MEDICAL LICENSURE IN ARKANSAS and Centralized Credentials Verification Service

www.armedicalboard.org

Medicine/Surgery Osteo	opathic Medicine/Surgery	Education Licer	ase
1. Name CHARLIE BROWNE	Social	Security#	4
(Legibly Print full Legal / 2. Name as listed on your Driver's License or Passport:	Vame) BRUWIE, CHF	VRLIE	
Driver's License State and Number			
3. Address 2409 E. GALER ST			
Address you wish license to be mailed:	*		
5. Phone (Res.) (Work)	. (Fax) 216-985-9806	(email)	
6. Male 🔀 Female 🗆 Birth Date	Birth Place BARBADDS		Race: MIXED
If born outside of U.S., how long have you lived in U.S. If yes, and foreign born, attach proof of citizenship.	28 Years 2 Months. Are If no, indicate your status with	ou a citizen of U U.S. Immigratio	I.S. Xyesno n
7. ECFMG Certificate # N/A	Date Issued	t parameters	
8. Intended practice location in Arkansas LITTLE ROLK FAMILY PLANNING 9. Specialty DB/GYN Board Certified (Date) 12/2001	06 SERVICES, 4 OFFICE Subspecialty	PARK DRIVE	, little Rock 72211
Recertification 10/29/2009			
10. Drug Enforcement Administration Number	State WA E	xpiration Date 💆	1-31-2010
State Controlled Substance License Number	State E	xpirationDate _	NA
State Controlled Substance License Number			
Submit a copy of your DEA Registration Card and 11. UPIN # Medicaid Provid Accept Medicaid Patients? Yes No	State Controlled Substance Lice er # Me Accept Medicare	nse to this offlodicare Provider: Patients?	te #No
12. Professional Liability Insurance (CURRENT Carrier Ne			
Policy #			
13. Medical School. Date Graduate5Mo	31 Day 1995 Yr	Degree/Y	1. D.
Name of Institution	Address	Date from	Date to
YEBY UC LA-DENJUCIA MED PROSIN 1621 GAS	ST 120TH STREET, LOSANCES,CA	08/91	05/98
Year SAME AS ABOVE		06/92	05/93
Year Some As ABOVE	SAME	06/93	05/94
Year SAME AS ABOTE	SAME	06/94	05/95
Have Verification of Medical Education Form and an of	fficial Transcript mailed directly	to this office.	1
FOR USE O	OF SECRETARY ONLY		
License No. E-6577	Application received 5	-24-10	
Name Charle Browne HD	Fees \$ 550		5.24.10
Application for License through endorsement by	License issued 8 Application Declined	16/10	
	Application Decimed		

Name of Ins	stitution	Ad	dress	Type of Program	n	Dates From/To	Comp	s/No
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ellowships (list o	hronologically). Send Enclo	sed Verification	on Form - Refer to Inst	tructio		T 0	1.1.10
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21. Professional Activities

List in chronological order all your professional activities, institutional affiliations or places of employment since the start of Medical School. This includes hospitals, teaching institutions, I-IMO's, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments. Exclude Residency and Fellowship. You may attach additional sheets after completing this section, if space is not sufficient. Do not submit curriculum vitae (CV) in lieu of completing this section.

From	То	Status	Location & Complete Address	Position
01/99	12/02	Agire	SWEDISH FAMILY MEDICINE DYSPLASIA CLINIC 1401 MADISON, SVITE 100 SEATTUE, WA 98104-1338	ATTENDING PHYSICIAN
07/99	10/05	ACTIVE	HARBORVIEW MEDICAL CENTER 325 NINTH AVE SEATTLE, WA 98/04	ASSOCIATE MEDICAL STAPF
07/99	10/05	ACTIVE	UNIVERSITY OF WASHINGTON MED GR 1959 NE PACIFIC ST SEATTLE, WA 98195	ASSOCIATE MEDICAL STAFF
07/99	PRESONT	CONFIESY	VIRGINIA MASON MEDICAL CENTER 1100 NINTH AVE, GI-MSO SEATTLE, WA 98101	MEDICAL STAPF
07/99	RESENT	ACTIVE	GROUP HEALTH COUPERATIVE 310 15TH AVE E, CNB-2 SEATTLE, WA 98112	MEDICAL_ STAFF
07/99	12/00	ACTIVE	RANNED PARENTHOOD OF THE GREAT NW 2001 EAST MADISON ST SEATTLE, WA 98122	SAFF PHYSICIAN
01/00	PRESENT	COURTEST	SWEDISH MEDICAL CENTER 747 BROADWAY SEATTLE, WA 98122-4307	MEDICAL STAFF
11/02	PLESON	AGIVE	ALCREDITATION ASSOCIATION FOR AMBULATURY HEALTH CARE (AMAHC) 5250 OLD ORCHARD ROPD, SUITE 200 SKOKIE, IL 60077	Surveyor
10/07	PLESENT	ACRIVE	ALL WOMEN'S HEALTH NORTH 9730 3RD AVE NE, SUITE 200 SEATTLE, WA 98115	MEDICAL DIRECTOR
02/09	PLESENT	ACTIVE	PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTHERN IDAHO (PPGUNI) 1117 TIETON DR YAKIMMA INA 98902	STAFF PHYSICIAN

Please review this list carefully. If there are gaps in your chronological history you are required to provide a brief
explanation. Send enclosed Verification Hospital/Clinic forms to each facility. (See Instruction Sheet)

Complete all forms in black or blue ink ONLY.

Atta	ach explanation of any "yes" answers. Refer to Instruction Sheet for the following questions.	YES	NO
22.	Have you ever failed any licensing exam, or any part of a licensing exam, which caused you to retake it? Which exam (USMLE, NBOME, etc.)?		X_
23.	Has your application for examination or licensure ever been rejected, denied or withdrawn?		X.
24.	Has any medical licensing board ever placed your license on probation, suspension or has it revoked a license or certificate it had granted you? If yes, list name and address of board.	:	
25.	Have you ever been ordered to appear before a state medical board for any reason other than licensure?		\perp
26.	Have disciplinary procedures ever been initiated toward you by either a medical board or hospital? Explain.		_X_
27.	Have your privileges at any hospital been denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed, or is any such action pending?		X
28.	Have you ever voluntarily surrendered your license in any state?		_X
29.	Have you ever been charged or convicted (including a plea of nolo contendere) of a misdemeanor or felony? (NOTE: Applicants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, plead down, released or sealed.)		X
30.	Have you ever been denied provider participation in any state or Federal Medicaid program?		<u> </u>
31.	Have you ever previously made application to the Arkansas State Medical Board?		_X_
32.	Have you ever been warned, censured by, or requested to withdraw from, any hospital in which you have trained, been a staff member or held hospital privileges? If yes, explain.		_X_
33.	Have you ever been disciplined or dismissed from any professional activity or training program? Have you ever received a warning, reprimand, or been placed on probation during an internship, residency or fellowship program? If yes, explain.		
34.	Have you ever, voluntarily or involuntarily, left a training institution program before completing it? If yes, explain.	Marian Carlos	X_
35.	Have you ever been reported to the National Practitioners Data Bank or subject to NPDB adverse action report?		<u>X</u>
36.	Have you resigned or surrendered clinical privileges from any medical staff while under investigation for possible incompetence or improper professional conduct, or in return for such an investigation not being conducted?		
37.	Have you ever been denied membership, renewal thereof, or been subject to disciplinary action in any medical organization, or Is any such action pending?		\perp
38.	Have you ever been terminated, sanctioned, penalized or had to repay money to any State Medicaid or Federal Medicaid programs? If yes, name state	****	<u>x</u>
			i
40.	Have you ever been cited by a peer review organization? Explain Give the name and address of the organization		<u> </u>
41.	Have you ever had to discontinue practice for any reason for a period longer than one month? If yes, explain.		χ
42.	Have you been, or are you presently, being treated for alcoholism, or substance abuse? If yes, was this voluntary or the result of a medical board action? Explain.	S	X
43.	Do you currently, or have you had, any physical or mental health condition, including alcohol or drug dependency, which with or without accommodation, affects or is reasonably likely to affect your ability to practice medicine or to perform professional or medical staff duties appropriately?		\perp

		YES NO
44.	Have you ever had a DWI? How many? Date(s) occurred	X_
45.	Have you ever been treated for drug or substance abuse outside a hospital setting? Explain.	X
46.	Have you ever been treated for drug or substance abuse in a treatment center or hospital? Give name of institution, date and length of stay?	X
47.	Are you currently being, or have you ever been, monitored by a Physician Health Committee in any state? If yes, give state(s)	X_
48.	Have you ever been rejected by a medical society?	X
49.	Has your license to practice medicine or Drug Enforcement Administration registration in any jurisdiction been denied, reduced, limited, suspended, revoked, placed on probation, not renewed voluntarily, or involuntarily relinquished, or is any such action pending? If yes, explain.	X_
50.	Have you ever defaulted on any Health Education Assistance Loan? If yes, explain.	X_
51.	To your knowledge, are you currently the subject of an investigation by any licensing board as of the date of this application? If yes, explain.	X
lf,	during the application process, you become aware of any such investigation, you are required t	o report it to this office.
		Weight

AFFIDAVIT OF APPLICANT

I. CHARLE BROWNE, certify after being sworn, that all of the information supplied in the foregoing application is true, correct, current and complete to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation or denial of any license to practice medicine granted to me, and criminal prosecution to the fullest extent of the law.

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My Commission Expires:	01-04-12
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Signature of	f Notary Public

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

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Rev. 5/2/06 ljm Form cannot be copied.



4 Office Park Drive Little Rock, Arkansas 72211 (501) 225-3836 Fax (501) 225-8705 Toll Free (800) 272-2183 www.lrfps.com

To: Arkansas State Medical Board

2100 Riverfront Drive Little Rock, AR 72202 JERRY EDWARDS, M.D. Medical Director

From: Thomas H. Tvedten, MD

4 Office Park Drive Little Rock, AR 72211 (501) 225-3836 office ANN F. OSBORNE, PA-C Clinic Director

LORI WILLIAMS, MSN/APN

Associate Clinic Director

Re: Charlie Browne, MD

Seattle, WA 98112

Dear Sirs,

This letter is to verify the intended employment of Dr. Charlie Browne, by this clinic, from time to time as back up coverage to the current physicians.

Sincerely,

Thomas H. Tvedten M.D.

Charlie Browne, MD FACOG

Seattle, WA 98112

Arkansas State Medical Board 2100 Riverfront Drive, Little Rock, Arkansas 72202

Dear Arkansas State Medical Board,

This is a response to your letter dated May 26, 2010 addressed to me. Regarding the list of items:

- 1. I called the Hospital and asked for the status on the fellowship verification letter. They told me that it was mailed via UPS on 5/12/10. The tracking number (1Z9864972210077251) shows that it was delivered 5/13/10 and signed for by "Welch" (printout enclosed). If it is missing however, I can ask the hospital to mail it again to your office. Please let me know.
- 2. I was told that Dr Tvedten's letter of recommendation was mailed on May 26, so you should be receiving it shortly.
- 3. I would like to offer a correction to question #22, which I initially incorrectly answered "no". This was simply a lapse in memory, having taken this part of the exam (USMLE Step 2) about sixteen years ago, I forgot that my initial attempt was a failing grade. As best my memory serves me now I believe I retook that part of the exam one year later and passed. Again as best my memory serves me, that is the only exam I can remember failing. You will find enclosed a corrected page 4 of the application that includes that question (#22). I apologize for this oversight.
- 5. I contacted the Washington State licensing board re: the certification verification and have been told that it will be mailed June 1, 2010.
- 6. AMA profile has been requested and you should be receiving it shortly.
- 7. I was told that the letter from my prospective employer in Arkansas, LRFPS, was mailed on May 26, so you should be receiving it shortly.
- 8. You will find enclosed my State and Federal Criminal Background Check Packet.
- 9. I was told that the verification from Swedish Family Medicine Dysplasia Clinic, was mailed on May 20, so you should be receiving it shortly.

 I was also told that the verification from the University of Washington was mailed along with the one from Harborview Medical Center, as both these programs are under the blanket of one administration. Therefore, you should be receiving this shortly as well.

Finally, To explain the two fellowships that you see on my CV that were not included on my application... the reasoning is that these were brief, non-professional, fellowships that I did as a student prior to my graduation from medical school. I consider them part of my overall medical studies. Furthermore, per the instruction packet, it instructs me to list professional activities "since graduation from medical school" so I did not think I needed to include these there as again, I did these activities prior to graduation. Please let me know if you need any further explanation.

Thank you very much. I very much appreciate your time and effort.

Singerely,

harlie Browne

Att	ach explanation of any "yes" answers. Refer to Instruction Sheet for the following questions.	YES	NO A
22.	Have you ever failed any licensing exam, or any part of a licensing exam, which caused you to retake it? Which exam (USMLE, NBOME, etc.)?	prected	5/31/10
23.	Has your application for examination or licensure ever been rejected, denied or withdrawn?		X
24.	Has any medical licensing board ever placed your license on probation, suspension or has it revoked a license or certificate it had granted you? If yes, list name and address of board.		X
25.	Have you ever been ordered to appear before a state medical board for any reason other than licensure?		X
26.	Have disciplinary procedures ever been initiated toward you by either a medical board or hospital? Explain.		X
27.	Have your privileges at any hospital been denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed, or is any such action pending?		X
28.	Have you ever voluntarily surrendered your license in any state?		\times
29.	Have you ever been charged or convicted (including a plea of noio contendere) of a misdemeanor or felony? (NOTE: Applicants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, plead down, released or sealed.)		X
30.	Have you ever been denied provider participation in any state or Federal Medicaid program?		X
	Have you ever previously made application to the Arkansas State Medical Board?		<u> </u>
32.	Have you ever been warned, censured by, or requested to withdraw from, any hospital in which you have trained, been a staff member or held hospital privileges? If yes, explain.		X
33.	Have you ever been disciplined or dismissed from any professional activity or training program? Have you ever received a warning, reprimand, or been placed on probation during an internship, residency or fellowship program? If yes, explain.		<u>X</u>
34.	Have you ever, voluntarily or involuntarily, left a training institution program before completing it? If yes, explain.	-	<u>X</u>
35.	Have you ever been reported to the National Practitioners Data Bank or subject to NPDB adverse action report?		X
36,	Have you resigned or surrendered clinical privileges from any medical staff while under investigation for possible incompetence or improper professional conduct, or in return for such an investigation not being conducted?		\times
37.	Have you ever been denied membership, renewal thereof, or been subject to disciplinary action in any medical organization, or is any such action pending?		\perp
38.	Have you ever been terminated, sanctioned, penalized or had to repay money to any State Medicaid or Federal Medicald programs? If yes, name state		<u>X</u>
			8
40.	Have you ever been cited by a peer review organization? Explain Give the name and address of the organization	-	-X-
41.	Have you ever had to discontinue practice for any reason for a period longer than one month? If yes, explain.		X
	Have you been, or are you presently, being treated for alcoholism, or substance abuse? If yes, was this voluntary or the result of a medical board action? Explain.		X_
43.	Do you currently, or have you had, any physical or mental health condition, including alcohol or drug dependency, which with or without accommodation, affects or is reasonably likely to affect your ability to practice medicine or to perform professional or medical staff duties appropriately?		_X_



American from and of therefore Gynecology

Experience Physicians & Friday

Larry C. Giistrap, III. M.D. Executive Director

Alvin L. Brekken, M.D. Assistant to the Executive Director

> Kenneth L. Noller, M.D. Director of Evaluation

The Vineyard Centre 2915 Vine Street Dallas, TX 75204 Phone (214) 871-1619 Fax (214) 871-1943

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Reference: Charlie Browne, MD

ABOG #9001440

Dear Administrator:

2100 Riverfront Drive

Arkansas State Medical Board

May 20, 2010

The above referenced physician is a **Diplomate** of the American Board of Obstetrics & Gynecology, Inc. (ABOG) certified in the 2001 examination certificate renewed through the *Annual Board Certification* from 2006 to 2007 and through the *Maintenance of Certification* process in 2008 & 2009 (expires 12/31/2010).

This office responds to inquiries concerning the status of physicians in the certification process according to the following:

- An individual is a registered graduate with ABOG when, at the time of application, ABOG rules that he/she has fulfilled the requirements to take the written examination.
- An individual achieves active candidate status by passing the written examination. This status
 is limited to six years (five years for subspecialty) or three attempts to pass the oral
 examination. If active status has expired, it may be regained by repeating and passing
 ABOG's written examination.
- 3. An individual becomes a **Diplomate** of ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma. Diplomas issued prior to 1986 for basic Ob/Gyn and November 1987 for subspecialties are unlimited. Diplomas issued in 1986 for basic Ob/Gyn and November 1987 for subspecialties, as well as all subsequent dates, are valid for a maximum of 10 years. The expiration date on a subspecialty diploma is the same as that of the Ob/Gyn diploma.

Sincerely yours,

Larry C. Gilstrap, M.D. Executive Director



2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.armedicalboard.org

VERIFICATION OF MEDICAL EDUCATION

DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
Street LDS ANGELES CA 90095-1720 City State
I,
I hereby authorize (Name of medical / osteopathic school or college) Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. Lunderstand completed forms returned to me will not be accepted for verification purposes.
Sincerely, Date or Birth (Signature of Applicant) Date or Birth
Social Security Number Date of Graduation Ob 1 02 1995
For verification of MEDICAL EDUCATION ONLY Please provide exact date. The following section must be completed by the dean or registrar of the medical or osteopathic school and returned directly to the Arkansas State Medical Board. Verifications returned to the applicant will not be accepted. Do not complete if photograph is not attached. Any substitutions must contain all required information or it will not be accepted for verification purposes.
This certifies that Charlie Mark Anthony Browne (Full name of appricant)
This certifies that Charlie Mark Anthony Browne [Full name of applicant] Enrolled in UCLA School of Medicine (Name of medical or estoopathic school)
on 08 / 12 / 1991 graduated 06 / 02 / 1995 with a degree in Medicine (M. D.)
on O8 / 12 / 1991 graduated O6 / O2 / 1995 with a degree in Medicine (M. A.) Further, the records of this institution indicate that the attached photograph (Check one) D8 Represents a true likeness of the above named applicant.
on OS / 12 / 1991 graduated Ob / O2 / 1995 with a degree in Medicine (M. D.) Further, the records of this institution indicate that the attached photograph (Check one) Represents a true likeness of the above named applicant. Does not represent a true likeness of the above named applicant.
on OB 12
on OS 1 12 1991 graduated Ob 102 1995 with a degree in Medicine (M.D.) Further, the records of this institution indicate that the attached photograph (Check one) Represents a true likeness of the above named applicant. Does not represent a true likeness of the above named applicant. AN OFFICIAL SCHOOL TRANSCRIPT MUST BE RETURNED WITH THIS FORM By Mathr Hutter Signature of the dean or registrar (NO STAMPED SIGNATURES ACCEPTED)

DERKELFY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA . SANTA CRUZ

OFFICE OF STUDENT AFFAIRS
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
CENTER FOR THE HEALTH SCHENCES
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90095-1720
PHONE (310) 825-6281
FAX: (310) 794-9574

www.medstudent.uela.edu

Arkansas State Medical Board 2100 Riverfront Drive Little Rock, AR 72202-1435

June 30, 2010

RE: Charlie Browne, M.D.

To Whom It May Concern:

This letter is to verify that **Charlie Browne** graduated in good academic standing from the UCLA School of Medicine, now known as the David Geffen School of Medicine at UCLA. Dr. Browne was part of the Charles Drew University Program at UCLA. The Drew Program, who handled their own transcripts until 2005, conducts a separate ceremony for their graduates; thus, the date on his transcript (May 21, 1995) reflects his graduation from their program. His official graduation date from UCLA, however, is June 2, 1995.

If you have any questions, please do not hesitate to contact me in the Registrar's Office at mhunter@mednet.ucla.edu or at (310) 825-6282.

Sincerely,

Martin Hunter, M.S.

Registrar / Student Records Manager Office of the Registrar-Student Affairs

Martin Junton



2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

www.armedicalboard.org

VERIFICATION OF POSTGRADUATE TRAINING

VERIFICATION OF TOSTGRADUATE TRUMPING	
DAVID ESCHENBACH, M.D.	
Name of Program Director OF WASHINGTON - DEPT OF OB-GYN EDUCATION	
Name of Institution NE PACIFIC ST - BOX 356460 Street SENTILE WA 98195 City State Zip	
Street SENTILE WA 98195	
City State Zip	
I, CHARLIE BLOWNE, have applied for a license to practice medicine in the State of Arkansas. As	
part of the application process, the Arkansas State Medical Board requires a reference from the program director of each ACGME accredited Postgraduate Training program to which I have been appointed.	
I hereby authorize WWMC - DEPT OF 03/64N, its staff, or representative to provide the Arkansas State	
Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and /or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. I understand that completed forms returned to me will not be accepted for perification purposes.	
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2100 Riverfront Drive, Little Rock, Arkensas 72202 (501) 296-1802

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any and all information requested below, whether above named institution and/or person for any arrand without mailce. Further, I request that this control of the Rock, AR, 72202. Completed forms returned to State Medical Brand office.	nd all acts performed in fulfilling this requ impleted form be sent directly to the Ark	prable, and I hereby release from any and all liability the uest, provided that such acts are performed in good faith ansas State Medical Board, 2100 Riverfront Drive, Little purposes. They must be mailed directly to the Arkansas
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Charlie Browne, MD FACOG

Seattle, WA 98112

Arkansas State Medical Board 2100 Riverfront Drive, Little Rock, Arkansas 72202

Dear Arkansas State Medical Board,

I would like to offer an explanation for interchangeably using the names Swedish Family Medicine Dysplasia Clinic and Glaser Family Medicine Dysplasia Clinic in my application. They are both and one the same. The clinic is known by both the Swedish Glaser Family Medicine Dysplasia Clinic, as well as the Glaser Family Medicine Dysplasia Clinic at Swedish (Hospital).

I apologize for this confusion.

Thank you very much.



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2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802



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UW Medicine SCHOOL OF MEDICINE

Department of Obstetrics & Gynecology Division of Education

Box 356460 Searcle, WA 98195-6460



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansae 72202 (501) 296-1802

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2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

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For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.	The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Form must be signed.
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Group Health Cooperative Credentialing Department Nichole Quinn Credentialing Supervisor PO BOX 34262 Tukwila WA 98124 Phone: (206) 988-2077 Fax: (206) 988-2084 E-mail: ballard.n@ghc.org

June 01, 2010

Arkansas State Medical Board 2100 Riverfront Drive Little Rock, Arkansas 72202

Regarding:

Charlie M Browne, MD

Integrated Health System::

Group Health Cooperative (GHC)

GHC Olympic Medical

07/20/1999 - Present

Center:

GHC Central Hosptial:

07/20/1999 - 04/06/2010

Specialty:

Obstetrics And Gynecology

The above-named practitioner is in good standing at Group Health Cooperative in the specialty noted above. This individual's practice has been regularly reviewed as part of our ongoing quality assurance program.

To the best of our knowledge, there have been no disciplinary proceedings undertaken against this individual, nor have clinical privileges, if applicable, been denied, reduced, revoked, restricted, or suspended. In, April 2010, Central Hospital privileges were allowed to expire due to no hospital work. Currently works in clinic only

If you require insurance or claims history verification for a Associate, Active, Locum Tenens, or Employed status practitioner, please contact Group Health Cooperative, Risk Management by fax: 206-877-0625 (fax is preferred) or by mail at 320 Westlake Ave N, Suite 100 Seattle, WA 98109-5233.

Should further information be required, please contact the Credentialing Department at the number above.

Sincerely,

Nichole Quinn

Nichole Quinn Group Health Cooperative Credentialing Department



2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 21 +1802

www.armedicalboard.org

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2001 EAST MADISON STREET	
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2100 Riverland Drive, Little Rock: American 77202 (501) 298-1892

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May 11, 2010

Arkansas State Medical Board 2100 Riverfront Dr. Little Rock, Arkansas 72202

Dear Credentialing Representative:

Membership on the Medical Staff of Swedish Health Services is contingent upon current competency in the privileges granted, compliance with the Bylaws and Rules & Regulation of the Medical Staff and satisfactory participation in the duties and responsibilities of the Medical Staff as assigned.

The following information has been confirmed:

Physician: Dr. Charlie Browne, MD Initial Appointment: 01/25/2000 Next Appointment: 12/23/2011

Status: Courtesy Specialty: Ob/Gyn

Privilege Class: privileges

The above named practitioner is/was a member of the Swedish Health Services Medical Staff. Credentialing dates are consolidated for all campuses: First Hill, Providence, Ballard and Issaquah Eastside campus. The initial appointment date is the <u>first</u> date the practitioner was granted privileges on any one of the four campuses. Discrepancies in dates may occur due to merger dates of these facilities.

If this data does not agree with your records or you need additional information, please call the Medical Staff Services Department at 206-386-2550.

Sincerely,

Barbara Lindula Shaw, CPMSM, BS

Faction Fredule Draw

Credentials Manager

Medical Staff Services
747 Broadway/A-Floor West
Seattle, WA 98122-4307
(206) 386-2550 phone
medicalstaffservices@swedish.org



2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

www.armedicalboard.org

Street SEATTLE WA Grant State I. CHARLIE BROLLNE the state of Arkansas. As part of the process, the Arkanawe had Hospital/Clinic Privileges or Employment. I hereby authorize VIRONIA WAS DN WAS AND	M.D./D.O., have applied for a license to practice medicine in mass State Medical Board requires verification from each hospital/clinic in which I have or information is favorable or unfavorable, and I hereby release from any and all liability the cits performed in utiliting this request, provided that such acts are purformed in good feithed from be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little and form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little
State Medical Board office	and form be sent directly to the Arkansas Color most be mailed directly to the Arkansas
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2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

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ALL WOMEN'S HEALTH NO	2874
Name of Institution 3 RD AVE NE,	SVITE 200
Street WA State	98115
City State BROWNE	M.D./D.O., have applied for a license to practice medicine in
	ne Arkansas State Medical Board requires verification from each hospital/clinic in which I have or
have had Hospitai/Clinic Privileges or Employm	HEALTH NORTH, its staff, or representative to provide the Arkansas Sate Medical Board
(Name of Emplital)	C 2 8 180
above named institution and/or person for any a	er such information is favorable or unfavorable, and I hereby release from any and all liability the and all acts performed in fulfilling this request, provided that such acts are performed in good faith completed form be sent directly to the Arkensas State Medical Board, 2100 Riverfront Drive, Little me will not be accepted for verification purposes. They must be malled directly to the Arkansas
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2100 Riverfront Drive, Little Rock, Arkansas 72202 (501) 296-1802

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Street AKIMA, WA 98903		
City State	Zip	
. CHARLIE BROWNE	M.D./D.O., have applied for a l	lcense to practice medicine in
the state of Arkansas. As part of the process, the have had Hospital/Clinic Privileges or Employme	Arkansas State Medical Board requires verification fr	om each hospital/clinic in which I have or
I hereby authorize PLANED PARE	WTHOOD, its staff, or representative to pr	ovide the Arkansas Sate Medical Board
above named institution and/or person for any an and without malice. Further, I request that this co	such information is favorable or unfavorable, and I he dill acts performed in fulfilling this request, provided in pleted form be sent directly to the Arkansas State Mare will not be accepted for verification purposes. The	that such acts are performed in good faith edical Board, 2100 Riverfront Drive, Little
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May 19, 2010

Arkansas State Medical Board 2100 Riverfront Drive Little Rock, Arkansas 72202

RE: Charlie Browne, MD, FACOG

To Whom It May Concern,

This letter serves as an attestation of character and competence and as a recommendation of licensure in the State of Arkansas for <u>Charlie Browne</u>, <u>MD</u>.

I have known Dr. Browne for over 17 years, having met during our initial year at the University of California, Los Angeles School of Medicine in the fall of 1991. We also completed our residency training in Obstetrics & Gynecology at the University of Washington School of Medicine together. Since that time, I have continued to have frequent and in depth contacts with him, both in professional and social capacities. Therefore, I consider my knowledge of him to be well-founded.

Charlie is a dedicated physician, honest professional, and loyal friend who demonstrates maturity and leadership in professional positions. He is extremely dependable and well-liked by patients, physicians, and staff. His competency is excellent, and he continues to demonstrate a high level of skill as a gynecologic surgeon.

I believe that he is and will continue to be successful in his endeavors because of both his personal attributes and skill. His soft-spoken nature along with his sense of fairness are just a few of his commendable traits. I highly recommend him without reservation for licensure in Arkansas. I believe that your medical community will benefit from his presence.

For more information or should you have any specific questions, please do not hesitate to contact me by phone or email.

Sincerely.

Jennifer Melville, MD, MPH, FACOG

Assistant Professor, Obstetrics & Gynecology

jmelvi@uw.edu (206) 355-2724



4 Office Park Drive Little Rock, Arkansas 72211 (501) 225-3836 Fax (501) 225-8705 Toll Free (800) 272-2183 www.lrfps.com

To: Arkansas State Medical Board

2100 Riverfront Drive Little Rock, AR 72202 JERRY EDWARDS, M.D. Medical Director

From: Thomas H. Tvedten, MD

4 Office Park Drive Little Rock, AR 72211 (501) 225-3836 office

ANN F. OSBORNE, PA-C Clinic Director

LORI WILLIAMS, MSN/APN Associate Clinic Director

Re: Charlie Browne, MD

Seattle, WA 98112

Dear Sirs,

I have known Dr. Charlie Browne for over two years and have known of him for an even longer time. We met at a NAF meeting in Minneapolis where I was impressed with his comments concerning the handling of difficult advanced cases. Since that time Dr. Browne has visited our clinic here in Little Rock and we have continued to share information and ideas. Dr. Browne seems to be a well trained, dedicated and compassionate physician provider and I am sure that he will be an asset to the Arkansas medical community. His expertise in certain areas of gynecologic surgery exceeds that of any provider currently practicing in the state. Therefore, I am recommending him for medical licensure in the state of Arkansas.

Thomas H. Tvedten M.D.



Group Health Permanente, P.C. Partners in health care with Group Health Cooperative 320 Westlake Avenue N, Suite 100 Seattle, WA 98109

www.ghc.org

May 17, 2010

Arkansas State Medical Board 2100 Riverfront Drive Little Rock, Arkansas 72202

RE: Recommendation of Charlie Browne, MD

Dear Arkansas State Medical Board,

With this letter I am strongly recommendation Dr. Browne for licensure in Arkansas. Charlie is an excellent physician who possess superior clinical as evidenced by his level of knowledge in his field of practice and exemplary physician-patient communication.

Dr. Browne began employment with Group Health Permanente in 2000. During his employment he has not had performance issues.

Please contact me if you need additional information.

Jeffrey Grice, MD

Associate Medical Director, Human Resources

Group Health Permanente



STATE OF WASHINGTON DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

PO Box 47866, Olympia, WA 98504-7866

June 01, 2010

STATE OF ARKANSAS 2100 RIVERFRONT DR LITTLEROCK AR 72202

Subject:

Credential Verification

To Whom It May Concern:

This will verify the status of the Physician And Surgeon License for CHARLIE BROWNE.

Sections may be blank because the information is not in our database or is not applicable for this credential type.

Year of Birth:

Credential Number:

MD,MD,00035431

Credential Type:

Physician And Surgeon License

Current Credential Status:

ACTIVE ACTIVE

First Credential Date:

09/02/1997

01/10/2011

Expiration Date:

Last Renewal Date:

Examination:

Exam Level:

Score:

Our records above show that the licensee has not been disciplined, the licensee is considered in good standing

Please call me at (360) 236-2766 if you have questions or visit our Online Provider Credential Search at www.doh.wa.gov.



Betty Elliott

Betty Elliott, Acting Licensing Manager





2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.armedicalboard.org

ARKANSAS RULES AND REGULATIONS AFFIDAVIT

1. CHARNE BROWN	on this date, <u>5-5-10</u>
do affirm that I have read the Medical Prac Regulations of the Arkansas State Medical	tices Act, Arkansas Code 17-95-101, et seq., and the Rules and Board.
Signed: _	(Physician's Signature)
Date:	5-5-10

THIS IS A REQUIREMENT FOR LICENSURE. YOU MUST COMPLETE THIS FORM AND RETURN IT TO:
ARKANSAS STATE MEDICAL BOARD
ATTN: LICENSING

2100 RIVERFRONT DRIVE LITTLE ROCK, AR 72202-1435

CURRICULUM VITAE Charlie Browne, M.D., F.A.C.O.G.

PERSONAL DATA

Home Address

Seattle, WA 98112

Office Address

 $9730 3^{rd}$ Ave NE, Ste 200 Seattle, WA 98115

Birthplace

Bridgetown, Barbados

2001

ACADEMIA Accreditation Association for Ambulatory Health Care Wilmette, IL Accreditation Surveyor	2002
Department of Obstetrics and Gynecology Virginia Mason Medical Center, Seattle, WA Pelvic Surgery Fellow	2001
Department of Obstetrics and Gynecology University of Washington Medical Center, Seattle, WA Ob/Gyn Resident	1999
Drew/UCLA Medical Program UCLA School of Medicine, Los Angeles, CA M.D.	1995
American Association of Pathologists' Fellowship Kaiser Permanante Medical Center, Los Angeles, CA	1993
Medical Genetics Fellowship Cedars-Sinai Medical Center, Los Angeles, CA	1992
Psychobiology UCLA, Los Angeles, CA B.S.	1991
Physical Sciences Program Long Beach City College, Los Angeles, CA A.S.	1985
LICENSURE Washington State	1997
BOARD CERTIFICATION Diplomate, American Board of Obstetrics and Gynecology	2001

PROFESSIONAL POSITIONS Medical Director All Women's Health North Seattle, WA	10/07 - Present
Clinic Provider Planned Parenthood of Greater Washington & Northern Idaho Yakima, WA	02/09 - Present
Gynecologic Surgeon Group Health Cooperative Seattle, WA	07/99 - Present
Surveyor (Chairperson Privileges) Accreditation Association for Ambulatory Health Care Wilmette, IL	2002 - Present
Clinical Instructor University of Washington Medical Center Seattle, WA	07/99 – 10/05
Attending Physician Women's Clinic Harborview Medical Center Seattle, WA	07/99 – 10/05
Clinic Provider Planned Parenthood of The Great Northwest Seattle, WA	06/99 – 11/00
Consulting Physician Glaser Family Medicine Dysplasia Clinic Swedish Medical Center Seattle, WA	01/99 - 12/02
HOSPITAL PRIVILEGES Group Health Cooperative – Active Seattle, WA	07/20/99 - Present
Virginia Mason Medical Center – Courtesy Seattle, WA	07/20/99 - Present
Swedish Medical Center – Courtesy Seattle, WA	01/25/00 - Present
University of Washington Medical Center Seattle, WA	07/01/99 – 10/01/05
Harborview Medical Center Seattle, WA	07/01/99 – 10/01/05

LEADERSHIP POSITIONS Board of Directors Member The Bra Show	2007 2000
Seattle, WA	2006 - 2009
Mentor Summer Medical Education Program UW School of Medicine, Seattle, WA	2002 - Present
Mentor U-DOC High School Program UW School of Medicine, Seattle, WA	1997 - Present
Primary Advisor Advisory Group for the Domestic Violence & Child Protection Services Project King County Department of Health, Seattle, WA Moderator	1997 – 2001
SPARX Panel on Domestic Violence UW School of Medicine, Seattle, WA	1998 - 1999
President Medical School Class Drew/UCLA Medical Education Program, Los Angeles, CA	1994 - 1995
Clinic Coordinator Inner-city Student-Managed Free Clinic UCLA, Los Angeles, CA	1994 - 1995
Student Representative Biomedical Ethics Committee UCLA, Los Angeles, CA	1994 - 1995
President American Geriatric Society Student Chapter UCLA, Los Angeles, CA	1994
Counselor Suicide Prevention Crisis Line Family Services of Los Angeles, CA	1994
Moderator South Central Youth Congress, Los Angeles, CA	1993 - 1995
Member Committee on Admissions Drew/UCLA Medical Education Program, Los Angeles, CA	1993 - 1995
Member Medical Education Committee UCLA, Los Angeles, CA	1993 - 1995
Member University's Institution Education Programs Committee Drew University of Medicine & Science, Los Angeles, CA	1993 - 1995
Coordinator Symposium on Battered Women Martin Luther King Medical Center, Los Angeles, CA	1992

Coordinator Men Taking Action Against Rape UCLA, Los Angeles, CA	1990 - 1991
RESEARCH EXPERIENCE & PRESENTATIONS Lecturer "Providing Services for Obese Potionts"	
"Providing Services for Obese Patients" NAF 32 nd Annual Meeting Minneapolis, MN	2008
Lecturer "Recognition & Management of Domestic Violence in Primary Care" Update in Primary Care: 3 rd Annual Conference Seattle Research Association, Seattle, WA	1999
"The Mother's Maneuver: Making the Diagnosis of a Potentially Viable Pregnancy in an Emergent Situation" Collaborators: Leslie Miller, MD; Gregory Jurkovich, MD UWMC, Seattle, WA	1999
"Comparison of Pregnancy Rates of Minimum Stimulation with Standard Source Protocol in the Treatment of Infertility" Collaborators: Nancy Klein, MD UWMC, Seattle, WA	1998
"Bone Aging in Achondroplasia Individuals" Collaborators: Ralph Lachman, MD; David Rimoin, MD International Skeletal Dysplasia Registry, Los Angeles, CA	1995
NIH Research Fellow Hypertension in Twins Study, Barbados. Collaborators: Clarence Grim, MD; Rasha Soliman, MD Drew University of Medicine & Science, Los Angeles, CA	1994
"Prenatal Diagnosis of the Skeletal Dysplasias" Collaborators: Rueben Sharony, MD; Ralph Lachman, MD; David Rimoin, MD Cedars-Sinai Medical Center, Los Angeles, CA	1993
"Laterality of Verbal & Auditory Stimuli in Split-Brain Patients" Collaborators: Sarah Spence, MD, Oren Zaidel, PhD UCLA, Los Angeles, CA	1990
PROFESSIONAL AFFILIATIONS	
Fellow American College of Obstetricians and Gynecologists	2001 - Present
Member The Society of Laparoendoscopic Surgeons	2002 - Present
Educational Affiliate American College of Obstetricians and Gynecologists	1999 - 2001
Associate Fellow American College of Surgeons	2000 - 2001

PUBLICATIONS

Sharony R, Browne C, Lachman RS, Rimoin DL: Prenatal Diagnosis of the Skeletal Dysplasias. *Am J Obstet Gynecol* 1993;169:668-675.

HONORS/AWARDS Service Star Award Group Health Cooperative	2002 & 2003
Patient Satisfaction Survey Award Group Health Cooperative	2003
Certificate Of Appreciation For Teaching Family Medicine Department, Group Health Cooperative	2002
"I Want To Be Like That Person" Award 4th Year Medical School Class, UW School of Medicine	1997
Leroy R. Weekes Award For Excellence in Obstetrics & Gynecology Drew/UCLA Medical Program	1995
Mackenzie Foundation Scholarship UCLA School of Medicine	1993 - 1995
Who's Who Among Students in American Universities & Colleges	1993
Student Award Research Training (START) Scholarship UCLA	1990