Credential View Screen [update]

JOSHUA M NATHAN
Address:
(•) Public ( ) Mail ( ) Renewal Mail

[change public address]
JOSHUA M NATHAN
4915 S Oregon St
Seattle, WA 98118-1451

ID	377563
Warnings	22 Licensee
SSN/FEIN	
Contact Standing	Living
Contact Type	INDIVIDUAL
Birth Date	10/23/1977
Public File	YES
Mailing List	
Email:	jnate23@gmail.com

Contact
Audit
Public Cases
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Supervises
SupervisedBy
Legacy
Librarian
Application
Other State License

Comments:

Physician And Surgeon License [update] [form letter]

Credential #	MD.MD.60036778
Application Date	07/31/2008
Effective Date	
Expiration Date	
First Issuance Date	
Last Date Of Contact	07/31/2008
CE Due Date	

Credential Status	PENDING (07/31/2008)
Status Reason	INITIAL APPLICATION IN PROCESS
Amount Due	$135.00
Date Last Activity	7/31/2008 11:14:24 AM
Last Updated by	Murphy, Catrina
Certificate Sent Date	
Work Queue	Legacy, DOH

Audit
Documents
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal

Comments:

Supervises | User Defined License Data | Legacy | HIPDB

[update]

8/30

Medical Quality Assurance Commission
Physician Application Worksheet

Name NATHAN, JOSHUA Date of Birth 10/23/1977

Date Received 7/16/08 Cash Number _____ Candidate Number _____

x	WSP Check	x	Fee	x	Photo	x	Data1-13	x	AIDS	x	Attest	x	SSN		EBAHR

Chronology Complete [ ]

MISSING _____ to _____ _____ to _____ _____ to _____

[ ] Temp Permit Issued Number: _____

FSMB	AMA	ECFMG	Archive File
8/21/08	8/21/08		

Personal Data "Yes"s	Documentation Received

Malpractice Cases	Synopsis	Disposition
1		
2		
3		
4		

Medical School School Code _____ [ ] U.S. [ ] Canadian [ ] International

Name GEORGE WASHINGTON Year of Degree 2004 7/14/08 Transcripts [ ] Translations

Examination Type [ ] National Boards [ ] FLEX [▒] USMLE [ ] State Exam [ ] LMCC 7/2/08 Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
7/10/08	WASH 06/04-06/08				

Received	State Licensure	Received	Hospital Privileges

Approved Betty Elliott Signature 8/27/08 Date

Comments:

Deficiency Letters:

[ ]	January	[ ]	April	[ ]	July	[ ]	October	[ ]			
[ ]	February	[ ]	May	[ ]	August	[ ]	November	[ ]			
[ ]	March	[ ]	June	[ ]	September	[ ]	December	[ ]			

PHYSICIAN & SURGEON

Washington State Department of Health 125

REVENUE SECTION

PRINT NAME Nathan, J

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

"3270"

3270-7/9/2008 10:36:07 AM-609 $135.00

Washington State Department of Health

Medical Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099
360.236.4700

Revenue 0252090000

Background Check Processed
AUG 14 2008
WSP/NPDB/HIPDB
Department of Health
Investigation Service Unit

RECEIVED
JUL 11 2008
DEPARTMENT OF HEALTH
HEALTH PROFESSIONS

Medical Practice License Application for MDs only

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

Please type or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. Make sure you have read and understand the instructions.

1. Demographic Information

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

22 Licensee SSN

Name ☒ Male ☐ Female | First JOSHUA | Middle MAX | Last NATHAN

Birth date (mm/dd/yyyy)	Place of birth		
10/23/1977	City TUCSON	State AZ	Country USA

Address 4915 S OREGON ST.

City	State	Zip	County
SEATTLE	WA	98118	KING

Country USA

Phone 23 LicenseeAddress | Fax ( ) | Cell 23 LicenseeAddress

email address jnate23@gmail.com

Mailing address if different from above of record

City	State	Zip	County

Country

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

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☒ No

If yes, list name(s):

Medical Specialty

Medical school George Washington University Year of graduation 2004

Medical specialty OB/GYN

2. Personal Data Questions

Yes No

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

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

   If you answered yes to question 1, explain:

   1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

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

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

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

   "Currently" means within the past two years.

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

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

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

   "Currently" *means within the past two years.*

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

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

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

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

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

2. Personal Data Questions (Cont.)

	Yes	No
6. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	☐	☒
b. Diverted controlled substances or legend drugs?	☐	☒
c. Violated any drug law?	☐	☒
d. Prescribed controlled substances for yourself?	☐	☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	☐	☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	☐	☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	☐	☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	☐	☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	☐	☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☒

3. Medical Education and Experience

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

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start	End
Medical education (list all medical schools attended)				
George Washington University	Medical Degree	4	8/2000	5/2004
Post graduate training (list all programs attended)				
University of Washington	Specialty of OB/GYN	4	6/2004	6/2008
Dept. of OB/GYN (Residency)	(Board certification in process.)			

4. Professional Experience

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

Name and location of institution	From (mm/dd/yyyy	To (mm/dd/yyyy	Nature of experience or specialty
None.			

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

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

Name of hospital	Dates attended	
	Start date	End date
None.		

6. Licenses in Other States

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

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
None						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes

7. AIDS Education and Training Attestation

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

Applicant's initials	Date
JN.	7/2/08

8. Applicant's Attestation

I, JOSHUA NATHAN , declare under penalty of perjury under the
(Print applicant name clearly)

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

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

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

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

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

Dated 7/2/2008 at Seattle, WA (city, state)

By: _____
Signature of applicant

9. Applicant's Photograph

Photo Here

Height 5'10"
Weight 160 lbs.
Hair color Brown
Color of eyes Green/Blue

Photo taken 7/3/08

SSN : 22 Licensee
GWid : G15164605
Date of Birth: 23-OCT

Date Issued: 07-JUL-2008

Record of: Joshua M Nathan

Page: 1

Student Level: Medicine
Admit Term: Fall 2000

Current College(s):School of Med & Health Sc
Current Major(s): Medicine

Issued To: Washington State Department of Health, Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

Degree Awarded: M D 16-MAY-2004
Major: Medicine

GEORGE WASHINGTON UNIVERSITY CREDIT:

SUBJ NO	COURSE TITLE	CRDT	GRD	PTS
Fall 2000				
	School of Med & Health Sc			
	Medicine			
ANAT 210	Gross Anatomy	3.00	P	0.00
ANAT 213	Gross Anatomy	2.00	P	0.00
BIOC 201	Medical Biochemistry	6.00	P	0.00
IDIS 210	The Practice Of Medicine	3.00	P	0.00
IDIS 215	Cells And Tissues	2.00	P	0.00
Ehrs	16.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	16.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2001				
	School of Med & Health Sc			
	Medicine			
ANAT 211	Gross Anatomy	2.00	P	0.00
ANAT 214	Microscopic Anatomy	2.00	P	0.00
IDIS 211	The Practice Of Medicine	5.00	P	0.00
IDIS 212	R-Neurobiology	3.00	P	0.00
MICR 202	Immunology	2.00	P	0.00
PHYL 201	R-Physiology	6.00	P	0.00
Ehrs	20.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	36.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Fall 2001				
IDIS 220	The Practice Of Medicine	3.00	P	0.00
MICR 201	Medical Microbiology	5.00	P	0.00
PATH 201	Pathology	3.00	P	0.00
PCHI 301	Psychopatholgy/Conceptl Models	2.00	P	0.00
PHAR 201	Pharmacology	5.00	H	0.00
Ehrs	18.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	54.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2002				
IDIS 221	The Practice Of Medicine	4.00	P	0.00
IDIS 301	R-Intro To Clinicl Medicine	12.00	P	0.00
PATH 202	Pathology	5.00	H	0.00
PHAR 202	R-Pharmacology	1.00	H	0.00
Ehrs	22.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	76.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00

********** CONTINUED ON NEXT COLUMN **********

SUBJ NO	COURSE TITLE	CRDT	GRD	PTS
Fall 2002				
IDIS 230	The Practice Of Medicine	2.00	P	0.00
PCHI 302	Clinical Clerkship	10.00	P	0.00
PED 303	Required Pediatric Clerkship (	10.00	P	0.00
SURG 303	Clinical Clerkship	10.00	P	0.00
Ehrs	32.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	108.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2003				
HCS 301	Clerkship In Primary Care	8.00	P	0.00
IDIS 231	The Practice Of Medicine	2.00	P	0.00
MED 305	Inpatient Clerkship	10.00	H	0.00
OB&G 303	Clincl Obstetrics & Gynecology	10.00	H	0.00
Ehrs	30.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	138.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Fall 2003				
ANES 302	Required Anesthesiology	3.00	P	0.00
DERM 390	Extramural Dermatology Electve	5.00	H	0.00
MED 334	Acting Internship In Medicine	5.00	H	0.00
MED 350	Infectious Disease	3.00	P	0.00
OB&G 390	Extramural Ob&G Elective	5.00	H	0.00
Ehrs	21.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	159.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2004				
EMED 302	Emergency Medicine	3.00	P	0.00
EMED 502	Clinical Toxicology	3.00	P	0.00
HCS 400	Medical Decision Making	2.00	P	0.00
IDIS 241	Practice Of Medicine	2.00	P	0.00
MED 447	Pulmonary Medicine	5.00	P	0.00
NSUR 383	Pediatric Neurosurgery	3.00	H	0.00
ORTH 302	Clerkship-Orthopaedic Surgery	3.00	P	0.00
RAD 402	Reading Chest Films	3.00	P	0.00
SURG 385	Plastic/Reconstructive Surgery	3.00	P	0.00
Ehrs	27.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM	186.00 GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				

********** CONTINUED ON PAGE 2 **********

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TRANSFER CREDIT

Transfer courses listed on your transcript are bonafide courses and are assigned as advanced standing. However, whether or not these courses fulfill degree requirements is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

All colleges and schools except the Law School and the M.D. Program in the School of Medicine and Health Sciences

001 to 100 Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.

001 to 200 Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.

201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In School of Business and Public Management, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean.

301 to 400 Graduate School of Education and Human Development - Designed primarily for graduate students.
School of Engineering and Applied Science - Designed primarily for graduate students.
Columbian College of Arts and Sciences - Limited to graduate students, primarily for doctoral students.
School of Business and Public Management - Limited to doctoral students.

701,721 & 751 The **701** (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The **721** (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest. The **751** number is used to list courses sponsored jointly by two or more schools.

770s & 780s These numbers designate courses offered by distinguished University Professors; the content usually spans several disciplines.

801 This number designates Dean's Seminar courses.

The Law School

Before June 1, 1968:

101 to 200 Required courses for first-year students.

201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.

301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

201 to 299 Required courses for J.D. candidates.

300 to 499 Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.

500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences
School of Public Health and Health Services

001 to 200 Designed for students in undergraduate programs.

201 to 800 Designed for M.D., health sciences, public health, health services, and other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations.

AU	American University	MMU	Marymount University
CU	Catholic University of America	MVC	Mount Vernon College
GC	Gallaudet University	SEU	Southeastern University
GU	Georgetown University	TU	Trinity University
GL	Georgetown Law Center	UDC	University of the District of Columbia
GMU	George Mason University		
HU	Howard University	UMD	University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Low Pass; *F*, Fail; *I*, Incomplete; IPG, In Progress; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *P*, Pass; *NP*, No Pass; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 2003: The grading symbol R indicates need to repeat course.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I*/and the grade.

Effective Fall 1987: The following grading symbols were added: *A-*, *B+*, *B-*, *C+*, *C-*, *D+*, *D-*.

Effective Summer 1980: The grading symbols: *P*, Pass, and *NP*, No Pass, replace *CR*, Credit, and *NC*, No Credit.

Effective Fall 1979 through Fall 1985: The grading symbols *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: H, Honors; *HP*, High Pass; *P*, Pass; *F*, Failure.

Effective Fall 1964 through Summer 1981: "@" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs.) *A*, Excellent; *B*, Good; *C*, Minimum Pass; *F*, Failure; *I*, Incomplete; *IPG*, In Progress; *CR*, Credit; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1994: The following grading symbols were added: *A-*, *B+*, *B*, *B-*, *C+* *C*, *C-* grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I*/and the grade.

Effective Fall 1979 through Fall 1985: The grading symbol *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "*" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: E or *Ex.*, Excellent; *S* or *Sat.*, Satisfactory; *U* or *Unsat.*, Unsatisfactory; *I* or *Inc.*, Incomplete; *AU*, Audit; *CR*, Credit; *NC*, No Credit.

Before Spring 1953, Sat., Satisfactory; *Unsat.*, Unsatisfactory; *Inc.*, Incomplete.

Law Grading System

A+, *A*, *A-*, Excellent; *B+*, *B*, *B-*, Good; *C+*, *C* , *C-*, Passing; *D*, Minimum Pass; *F*, Failure; *CR*, Credit; *NC*, No Credit; *I*, Incomplete. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, *A*, Excellent; 75-84, *B*, Good; 65-74, *C*, Satisfactory; 55-64, *D*, Poor (below standard for graduation); 45-54, *F*, Failure; *CR*, Credit (minimum grade of 65 required for J.D. candidates, 75 or LL.M. candidates); *NC*, No Credit; *I*, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of *H*, Honors; *P*, Pass; *LP*, Low Pass; and *NC*, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors; *P*, Pass; *F*, Failure; *IP*, In Progress; *I*, Incomplete; *CN*, Conditional; *W*, Withdrawal; *X*, Exempt, *CN/P*, Conditional converted to Pass; *CN/F*, Conditional converted to Failure.

Effective September 1, 1965, to September 1, 1972: A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Before September 1, 1965: A, Excellent, 90-100; *B*, Good, 80-89; *C*, Passing, 75-79; *D*, Conditional, 65-74; *F* or *D*, Failure, below 65; *I* or *Inc.*, Incomplete.

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SSN : 22 Licensee
GWid : G15164605
Date of Birth: 23-OCT

Date Issued: 07-JUL-2008

Record of: Joshua M Nathan

SUBJ NO	COURSE TITLE	CRDT	GRD PTS

********** TRANSCRIPT TOTALS **********

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	186.00	0.00	0.00	0.00
OVERALL	186.00	0.00	0.00	0.00

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TRANSFER CREDIT

Transfer courses listed on your transcript are bonafide courses and are assigned as advanced standing. However, whether or not these courses fulfill degree requirements is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

All colleges and schools except the Law School and the M.D. Program in the School of Medicine and Health Sciences

001 to 100 Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.

001 to 200 Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.

201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In School of Business and Public Management, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean.

301 to 400 Graduate School of Education and Human Development - Designed primarily for graduate students.
School of Engineering and Applied Science - Designed primarily for graduate students.
Columbian College of Arts and Sciences - Limited to graduate students, primarily for doctoral students.
School of Business and Public Management - Limited to doctoral students.

701,721 & 751 The **701** (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The **721** (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest. The **751** number is used to list courses sponsored jointly by two or more schools.

770s & 780s These numbers designate courses offered by distinguished University Professors; the content usually spans several disciplines.

801 This number designates Dean's Seminar courses.

The Law School

Before June 1, 1968:

101 to 200 Required courses for first-year students.

201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.

301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

201 to 299 Required courses for J.D. candidates.

300 to 499 Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.

500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences
School of Public Health and Health Services

001 to 200 Designed for students in undergraduate programs.

201 to 800 Designed for M.D., health sciences, public health, health services, and other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations.

AU	American University	MMU	Marymount University
CU	Catholic University of America	MVC	Mount Vernon College
GC	Gallaudet University	SEU	Southeastern University
GU	Georgetown University	TU	Trinity University
GL	Georgetown Law Center	UDC	University of the District of Columbia
GMU	George Mason University		
HU	Howard University	UMD	University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Low Pass; *F*, Fail; *I*, Incomplete; IPG, In Progress; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *P*, Pass; *NP*, No Pass; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 2003: The grading symbol R indicates need to repeat course.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with I/ and the grade.

Effective Fall 1987: The following grading symbols were added: *A-*, *B+*, *B-*, *C+*, *C-*, *D+*, *D-*.

Effective Summer 1980: The grading symbols: *P*, Pass, and *NP*, No Pass, replace *CR*, Credit, and *NC*, No Credit.

Effective Fall 1979 through Fall 1985: The grading symbols Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: H, Honors; *HP*, High Pass; *P*, Pass; *F*, Failure.

Effective Fall 1964 through Summer 1981: "@" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs.) *A*, Excellent; *B*, Good; *C*, Minimum Pass; *F*, Failure; *I*, Incomplete; *IPG*, In Progress; *CR*, Credit; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1994: The following grading symbols were added: *A-*, *B+*, *B*, *B-*, *C+* *C*, *C-* grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I*/ and the grade.

Effective Fall 1979 through Fall 1985: The grading symbol Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "*" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: E or *Ex.*, Excellent; *S* or *Sat.*, Satisfactory; *U* or *Unsat.*, Unsatisfactory; *I* or *Inc.*, Incomplete; *AU*, Audit; *CR*, Credit; *NC*, No Credit.

Before Spring 1953, Sat., Satisfactory; *Unsat.*, Unsatisfactory; *Inc.*, Incomplete.

Law Grading System

A+, *A*, *A-*, Excellent; *B+*, *B*, *B-*, Good; *C+*, *C* , *C-*, Passing; *D*, Minimum Pass; *F*, Failure; *CR*, Credit; *NC*, No Credit; *I*, Incomplete. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, *A*, Excellent; 75-84, *B*, Good; 65-74, *C*, Satisfactory; 55-64, *D*, Poor (below standard for graduation); 45-54, *F*, Failure; *CR*, Credit (minimum grade of 65 required for J.D. candidates, 75 or LL.M. candidates); *NC*, No Credit; *I*, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of *H*, Honors; *P*, Pass; *LP*, Low Pass; and *NC*, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors: *P*, Pass; *F*, Failure; *IP*, In Progress: *I*, Incomplete; *CN*, Conditional; *W*, Withdrawal; *X*, Exempt, *CN/P*, Conditional converted to Pass; *CN/F*, Conditional converted to Failure.

Effective September 1, 1965, to September 1, 1972: A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Before September 1, 1965: A, Excellent, 90-100); *B*, Good, 80-89; *C*, Passing, 75-79; *D*, Conditional, 65-74; *F* or *D*, Failure, below 65; *I* or *Inc.*, Incomplete.

RECEIVED
JUL 14 2003
DEPARTMENT OF HEALTH PROFESSIONS

TO TEST FOR AUTHENTICITY: The face of this document has a blue background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

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WASHINGTON DC

OFFICE OF THE REGISTRAR
WASHINGTON, D.C. 20052

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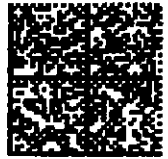

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Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

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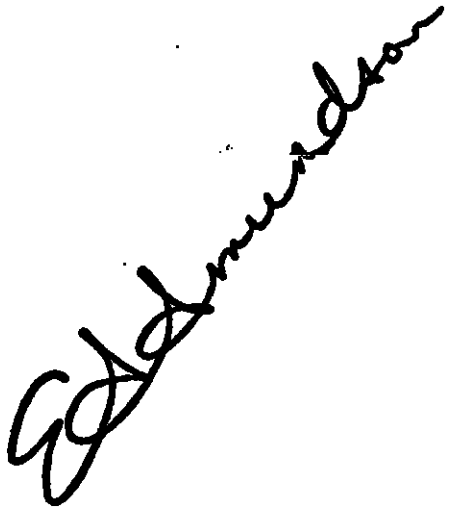

OFFICIAL TRANSCRIPT
IN SEALED ENVELOPE
VOID IF SEAL IS BROKEN

US·MLE
United States
Medical
Licensing
Examination™

United States Medical Licensing Examination™ (USMLE™)
Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date : 07/02/2008

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Blake Maresh, Exec Director
310 Israel Road SE
Tumwater, WA 98501

Examinee: Nathan, Joshua
Alt Name(s): Nathan, Joshua Max

Examinee ID#: 5-112-030-1
Date of Birth: 10/23/1977

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

USMLE STEP 1

			Three-Digit Score		Two-Digit Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	06/13/2002	Pass	240	182	97	75	

USMLE STEP 2

Clinical Knowledge (CK)

			Three-Digit Score		Two-Digit Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	08/27/2003	Pass	247	182	99	75	

USMLE STEP 3

			Three-Digit Score		Two-Digit Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
WASHINGTON	05/01/2007	Pass	228	184	94	75	

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

Interpretation of results

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic Step 2 CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed within this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record to the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

Washington State Department of Health

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360.236.4700

MD

RECEIVED
JUL 10 2008
DEPARTMENT OF HEALTH PROFESSIONS

To: Post Graduate Training Program Director

Facility name University of Washington Medical Center

Address 1959 NE Pacific St.

Seattle, WA 98195

RE: Verification/evaluation of training

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

Applicant (Print or type) Joshua Nathan Birth date 10/23/1977

Signature of applicant [signature]

1. Dr. Joshua Nathan is or was engaged in postgraduate training in our program
   from 6/2004 (Beginning date (month & year)) 6/2008 (Ending date (month & year)) to
   in the field of Obstetrics/Gynecology
2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No
   If no, does this program qualify the applicant to become board certified? ☒ Yes ☐ No
3. Was the participant placed ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain

Return to:
Medical Quality Assurance Commission
P O Box 47866, Olympia, WA 98504-7866
360.236.4700

Signature [signature]

Title UW Ob/Gyn Residency Director
Please type or print

Hospital Univ. of Washington

Address 1959 NE Pacific St

Seattle, WA 98195

Date 7/8/08

Telephone 206 943 9626

DOH 657-034 (REV05/2008)

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

BOARD ACTION SUPPLEMENTAL CLEARANCE REPORT

August 21, 2008

Attn: Blake Maresh, MPA, Exec.Dir.
Washington Medical Quality Assurance Commission
310 Israel Road SE
MS 47866
Tumwater, WA 98501

Re: Board Action Query Dated: August 21, 2008
Your Reference Number:
FSMB Batch Number: BQ1513089

The following is a report of the search results from the Board Action Data Bank as of August 21, 2008 for practitioners submi above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of August 21, 2008

Item	Name	DOB	School	Yr/Grad	Request ID
8	nathan, Joshua	10/23/1977	009010	2004	19687997
		LICENSE HISTORY State Board WASHINGTON			
11	obadaseraye, iser	10/16/1964	690003	1987	19688005
		LICENSE HISTORY State Board No License Information Available			

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

AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

Name and Mailing Address:

JOSHUA MAX NATHAN MD
4915 S OREGON ST
SEATTLE WA 98118-1451

Primary Office Address:

UNIV OF WSHINGTON G.M.E.
BOX 356340
1959 NE PACIFIC ST # C-21
SEATTLE WA 98195-0001
Phone: UNKNOWN

Birthdate: 10/23/1977
Birthplace: AZ UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

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

AMA membership: MEMBER

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

Current and/or Historical Medical School:

G WASHINGTON UNIV SCH MED & HLTH SCI, WASHINGTON DC 20037
Degree Awarded: Yes
Degree Year: 2004

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AMERICAN
MEDICAL
ASSOCIATION

AMA Physician Profile

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

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

Institution: UNIV OF WA SCH OF MED
Specialty : OBSTETRICS & GYNECOLOGY

State: WASHINGTON
06/2004 - 06/2008
(VERIFIED)

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

Current and/or Historical Medical Licensure:

Jurisdiction	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
WASHINGTON	MD	06/25/2004	07/31/2008	ACTIVE	LIMITED	01/15/2008

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

ECFMG Certification:

Applicant Number:

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

Federal Drug Enforcement Administration:

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

DEA Number *	Schedule	Expiration Date	Last Reported
XXXXXX534	22N 33N 4 5	10/31/2008	08/12/2008

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

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AMA Physician Profile

Specialty Board Certification(s)*:

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

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

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

Duration	Effective	Expiration	Occurrence	Last Reported

Note: **For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.**

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Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

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AMA Physician Profile

Additional Information:

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

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

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

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60610
800- 665-2882
312 464-5900 (fax)

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

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Medical Quality Assurance Commission
Limited License Application Worksheet

Name **NATHAN JOSHUA** Date of Birth **10/23/1977**

Date Received **05/03/2004** Candidate Number _____ License Number _____

X	Background Check	X	Fee	X	Photo	X	Data 1-13	X	AIDS	X	Attest	X	SSN

Chronology: [ ] Complete — Missing: _____ to _____; _____ to _____; _____ to _____

[X] Residency [ ] Institution [ ] Fellowship [ ] City/County [ ] Teaching/Research

[1/18] FSMB 1072343

[ ] AMA

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

Medical School Name **GEORGE WASHINGTON** School Code _____ Year of Degree **2004**

[ ] U.S. [ ] Canadian [X] International

[1/19] Transcripts [ ] Translations

Examination Type: [ ] National Boards [ ] FLEX [ ] USMLE [ ] State Exam [ ] LMCC [ ] Scores Received

Received	Post Graduate Training Programs	Accrediation Verified	Received	Post Graduate Training Programs	Accrediation Verified

Received	State Licensure	Received	Hospital Privileges

Received	Program/Employment Verification	Received	Program/Employment Verification
5/6/04	U OF WASH 6/25/2004		

Approved Signature Bobby Elliott Date 1/19/05

Comments:

Washington State Department of Health

LIMITED PHYSICIAN

REVENUE SECTION

PRINT NAME Nathan, J

1F 0252140000 00335

001435 04/30/2004 22500

Washington State Department of Health

Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

FOR OFFICE USE ONLY
ISSUANCE DATE
LICENSE #
BACKGROUND CHECK PROCESSED
MAY 2003
Department of Health
Investigation Service Unit

LICENSE # 8130

Application For Limited License To Practice Medicine
Applicable For MD's Only

- [X] Internship—Residency
- [ ] Fellowship (2 year limit)
- [ ] Teaching—Research
- [ ] County—City Health Department
- [ ] Institution

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME LAST	FIRST	MIDDLE INITIAL
Nathan	Joshua	M

NAME OF INSTITUTION/HEALTH DEPT./MEDICAL SCHOOL/HOSPITAL: University of Washington - OB/GYN

ADDRESS: Box 356460

CITY	STATE	ZIP	COUNTY
Seattle	WA	98195	King

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.): (206) 543.3891

SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW): 22 Licensee SSN

GENDER	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH
[ ] Female [X] Male	10/23/1977	Tucson, Arizona

Have you previously applied for a Washington State license or limited license? [ ] Yes [X] No

Have you ever been known under any other name(s)? [ ] Yes [X] No

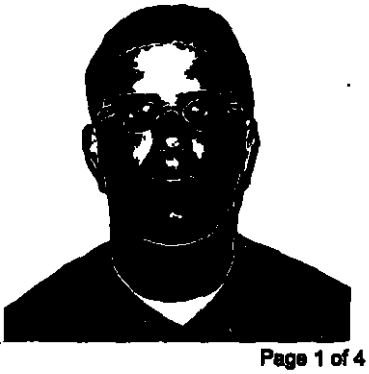
If yes, list name(s):

HEIGHT	WEIGHT
5'10"	165 lbs

EYE COLOR	HAIR COLOR
Blue/Green	Brown

MEDICAL SCHOOL	YEAR OF GRADUATION
George Washington University	2004

MEDICAL SPECIALITY: OB/GYN



2. Personal Data Questions

	YES	NO
1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.	☐	☑

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

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

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

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?	☐	☑
4. Are you currently engaged in the illegal use of controlled substances?	☐	☑

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution *or sentence deferred or suspended, in connection with:*		
a. the use or distribution of controlled substances or legend drugs?	☐	☑
b. a charge of a sex offense?	☐	☑
c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)	☐	☑
6. Have you ever been found in any civil, administrative or criminal proceedings to have:		
a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?	☐	☑
b. committed any act involving moral turpitude, dishonesty or corruption?	☐	☑
c. violated any state or federal law or rule regulating the practice of a health care professional?	☐	☑
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements.	☐	☑
8. *Have you ever had any license, certificate, registration or other privilege to practice a health care profession* denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?	☐	☑
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?	☐	☑

2. Personal Data Questions (Continued)

	YES	NO
10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	☐	☑
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☑
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	☐	☑
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☑

3. Education And Experience

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 X 11 sheets if necessary.)

SCHOOLS ATTENDED (LOCATION IF OTHER THAN U.S., QUOTE NAMES OF SCHOOLS IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH.)	NUMBER OF YEARS ATTENDED	DATES ATTENDED FROM (MO/YR)	DATES ATTENDED TO (MO/YR)	DIPLOMA OR DEGREE OBTAINED (QUOTE TITLES IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH.)
Medical Education (List all Medical Schools Attended)				
George Washington University	4	8/00	5/04	MD
Post-Graduate Training (List all Programs Attended)				

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. (Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

	DATES OF EXPERIENCE FROM (MO/YR)	DATES OF EXPERIENCE TO (MO/YR)

5. Hospital Privileges

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years.
(Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	DATES BEGINNING (MO/YR)	DATES ENDING (MO/YR)

6. Licenses In Other States

List all licenses to practice medicine in any state, Canadian province or other country. (Include whether active or inactive.)

STATE, COUNTY OR PROVINCE	DATE LICENSE ISSUED	LICENSE NUMBER	BASIS OF LICENSURE		STATUS OF LICENSE		ANY LIMITATIONS ON LICENSE
			EXAMINATION (DATE PASSED)	ENDORSEMENT	ACTIVE	INACTIVE	
							☐ No ☐ Yes
							☐ No ☐ Yes
							☐ No ☐ Yes
							☐ No ☐ Yes

7. Fifth Pathway (foreign-trained applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

NAME AND LOCATION OF FIFTH PATHWAY PROGRAM	NAME AND LOCATION OF HOSPITAL	DATES ATTENDED	
		BEGINNING (MO/YR)	ENDING (MO/YR)

8. AIDS Affidavit

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
JN	4/13/04

9. Applicant's Attestation

I, Joshua Nathan (NAME OF APPLICANT), certify that I am the person described and identified in this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Joshua Nathan
SIGNATURE OF APPLICANT

4/13/04
DATE

Official Use Only

Washington State Records Center

MAY 03 2004
HPQA RECEIVED

Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866
(360) 753-2844
(360) 664-8689

LMT

Medical Quality Assurance Commission

Residency Certification

This is to certify that Joshua Nathan has been

appointed as a resident* in Obstetrics and Gynecology (SERVICE) at

the University of Washington Medical Center hospital for the period

beginning 06 (MONTH) 25 (DAY) 2004 (YEAR). The individual responsible for this resident's patient care activities

will be [signature] (SIGNATURE) DIRECTOR OF PROGRAM Zane Brown MD

*Residents physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of postgraduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.

(Hospital Seal)

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

BOARD ACTION SUPPLEMENTAL CLEARANCE REPORT

January 18, 2005

Attn: Betty Elliott
Washington Quality Med Assur
1300 SE Quince St.
Olympia, WA 98504

Re: Board Action Query Dated: January 18, 2005
Your Reference Number:
FSMB Batch Number: BQ1072393

The following is a report of the search results from the Board Action Data Bank as of January 18, 2005 for practitioners subm above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of January 18, 2005

Item	Name	DOB	School	Yr/Grad
1	nathan, joshua	10/23/1977	009010	2004

Bogar, Helen

To: LIBBY@dommail.dom.washington.edu
Subject: Limited deficiently letters

Here's my first!

Maheshwari, Rajshri needs transcripts
Maurer, Scott needs Photo, transcripts and program employment letter
Marrs Remington, Jessie needs transcripts
Michiels, Erica needs transcripts
Misono, Stephanie needs transcripts
Moore, Eva needs photo and transcripts
Murdoch, marry needs transcripts

Nathan, Joshua needs transcripts
Norland, Emily needs photo and transcripts
Norquist, Barbara needs photo and transcripts

Olson, siren needs transcripts

Perser, Karen needs transcripts
Pittman, Jessica needs transcripts

Richman, Camilla needs transcripts
Ruthman, Scott needs transcripts and aids affidavit signed

Salazar Marco, Antonio needs transcripts
Simmons, lavone needs transcripts and aids affidavit
Singh, Christopher needs photo
Sorensen, mathew needs transcripts
Stephenson Famy, Alyssa needs transcripts
Striegl, Amanda needs transcripts and photo
Suver, Daniel needs transcripts and question number 7 was not addressed
Sutton, annika needs transcripts
Stone, Addison needs transcripts

Tanas, munir needs transcripts
Tavakkol, zarry needs transcripts
Thomas, ildiko needs transcripts

Walsh, Melissa needs transcripts and photo
Wang, lilian needs transcripts and employment letter
Wilcox, Jason needs transcript
Wilkins, Victoria needs transcripts and photo
Williams, Emily needs transcripts
Wilson, mark needs transcripts and employment letter
Woodward, Joseph needs transcripts

These are the fellows:

Vaidya, sandeep needs AMA, post grad from 4/2003 to 4/04 from U of Miami and the fellowship nomination letter from the program
Plant, Barry needs Ireland license and fellowship letter

Student No: 22 Licensee
Date of Birth: 23-OCT

Date Issued: 07-JAN-2005

Record of: Joshua M Nathan

Page: 1

RECEIVED
JAN 14 2005
Operations and Administration Services

Student Level: Medicine
Admit Term: Fall 2000

Issued To: Health Professions Quality Assurance

Current College(s):School of Med & Health Sc
Current Major(s): Medicine

Degree Awarded: M D 16-MAY-2004
Major: Medicine

GEORGE WASHINGTON UNIVERSITY CREDIT:

SUBJ NO	COURSE TITLE	CRDT	GRD	PTS
Fall 2000				
	School of Med & Health Sc			
	Medicine			
ANAT 210	Gross Anatomy	3.00	P	0.00
ANAT 213	Gross Anatomy	2.00	P	0.00
BIOC 201	Medical Biochemistry	6.00	P	0.00
IDIS 210	The Practice Of Medicine	3.00	P	0.00
IDIS 215	Cells And Tissues	2.00	P	0.00
Ehrs 16.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 16.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2001				
	School of Med & Health Sc			
	Medicine			
ANAT 211	Gross Anatomy	2.00	P	0.00
ANAT 214	Microscopic Anatomy	2.00	P	0.00
IDIS 211	The Practice Of Medicine	5.00	P	0.00
IDIS 212	R-Neurobiology	3.00	P	0.00
MICR 202	Immunology	2.00	P	0.00
PHYL 201	R-Physiology	6.00	P	0.00
Ehrs 20.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 36.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Fall 2001				
IDIS 220	The Practice Of Medicine	3.00	P	0.00
MICR 201	Medical Microbiology	5.00	P	0.00
PATH 201	Pathology	3.00	P	0.00
PCHI 301	Psychopatholgy/Conceptl Model	2.00	P	0.00
PHAR 201	Pharmacology	5.00	H	0.00
Ehrs 18.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 54.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2002				
IDIS 221	The Practice Of Medicine	4.00	P	0.00
IDIS 301	R-Intro To Clinicl Medicine	12.00	P	0.00
PATH 202	Pathology	5.00	H	0.00
PHAR 202	R-Pharmacology	1.00	H	0.00
Ehrs 22.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 76.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00

********** CONTINUED ON NEXT COLUMN **********

SUBJ NO	COURSE TITLE	CRDT	GRD	PTS
Fall 2002				
IDIS 230	The Practice Of Medicine	2.00	P	0.00
PCHI 302	Clinical Clerkship	10.00	P	0.00
PED 303	Required Pediatric Clerkship	10.00	P	0.00
SURG 303	Clinical Clerkship	10.00	P	0.00
Ehrs 32.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 108.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2003				
HCS 301	Clerkship In Primary Care	8.00	P	0.00
IDIS 231	The Practice Of Medicine	2.00	P	0.00
MED 305	Inpatient Clerkship	10.00	H	0.00
OB&G 303	Clincl Obstetrics & Gynecolog	10.00	H	0.00
Ehrs 30.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 138.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Fall 2003				
ANES 302	Required Anesthesiology	3.00	P	0.00
DERM 390	Extramural Dermatology Electv	5.00	H	0.00
MED 334	Acting Internship In Medicine	5.00	H	0.00
MED 350	Infectious Disease	3.00	P	0.00
OB&G 390	Extramural Ob&G Elective	5.00	H	0.00
Ehrs 21.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 159.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				
Spring 2004				
EMED 302	Emergency Medicine	3.00	P	0.00
EMED 502	Clinical Toxicology	3.00	P	0.00
HCS 400	Medical Decision Making	2.00	P	0.00
IDIS 241	Practice Of Medicine	2.00	P	0.00
MED 447	Pulmonary Medicine	5.00	P	0.00
NSUR 383	Pediatric Neurosurgery	3.00	H	0.00
ORTH 302	Clerkship-Orthopaedic Surgery	3.00	P	0.00
RAD 402	Reading Chest Films	3.00	P	0.00
SURG 385	Plastic/Reconstructive Surger	3.00	P	0.00
Ehrs 27.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
CUM 186.00	GPA-Hrs 0.00 Pts	0.00	GPA	0.00
Good Standing				

********** CONTINUED ON PAGE 2 **********

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Office of the Registrar
THE GEORGE WASHINGTON UNIVERSITY
Washington, D.C. 20052

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TRANSFER CREDIT

Transfer courses listed on your transcript are bonafide courses and are assigned as advanced standing. However, whether or not these courses fulfill degree requirements is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

All colleges and schools except the Law School and the M.D. Program in the School of Medicine and Health Sciences

001 to 100 Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.

001 to 200 Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.

201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In School of Business and Public Management, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean.

301 to 400 Graduate School of Education and Human Development - Designed primarily for graduate students.
School of Engineering and Applied Science - Designed primarily for graduate students.
Columbian College of Arts and Sciences - Limited to graduate students, primarily for doctoral students.
School of Business and Public Management - Limited to doctoral students.

701,721 & 751 The **701** (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The **721** (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest. The **751** number is used to list courses sponsored jointly by two or more schools.

770s & 780s These numbers designate courses offered by distinguished University Professors; the content usually spans several disciplines.

The Law School

Before June 1, 1968:

101 to 200 Required courses for first-year students.

201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.

301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

201 to 299 Required courses for J.D. candidates.

300 to 499 Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.

500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences
School of Public Health and Health Services

001 to 200 Designed for students in undergraduate programs.

201 to 800 Designed for M.D., health sciences, public health, health services, and other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations.

AU	American University	MMU	Marymount University
CU	Catholic University of America	MVC	Mount Vernon College
GC	Gallaudet University	SEU	Southeastern University
GU	Georgetown University	TC	Trinity College
GL	Georgetown Law Center	UDC	University of the District of Columbia
GMU	George Mason University		
HU	Howard University	UMD	University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Low Pass; *F*, Fail; *I*, Incomplete; *IPG*, In Progress; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *P*, Pass; *NP*, No Pass; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 2003: The grading symbol R indicates need to repeat course.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I/* and the grade.

Effective Fall 1987: The following grading symbols were added: *A-*, *B+*, *B-*, *C+*, *C-*, *D+*, *D-*.

Effective Summer 1980: The grading symbols: *P*, Pass, and *NP*, No Pass, replace *CR*, Credit, and *NC*, No Credit.

Effective Fall 1979 through Fall 1985: The grading symbols *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: H, Honors; *HP*, High Pass; *P*, Pass; *F*, Failure.

Effective Fall 1964 through Summer 1981: "@" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs.) *A*, Excellent; *B*, Good; *C*, Minimum Pass; *F*, Failure; *I*, Incomplete; *IPG*, In Progress; *CR*, Credit; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1994: The following grading symbols were added: *A-*, *B+*, *B*, *B-*, *C+* *C*, *C-* grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I/* and the grade.

Effective Fall 1979 through Fall 1985: The grading symbol *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "*" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: E or *Ex.*, Excellent; *S* or *Sat.*, Satisfactory; *U* or *Unsat.*, Unsatisfactory; *I* or *Inc.*, Incomplete; *AU*, Audit; *CR*, Credit; *NC*, No Credit.

Before Spring 1953, Sat., Satisfactory; *Unsat.*, Unsatisfactory; *Inc.*, Incomplete.

Law Grading System

A+, *A*, *A-*, Excellent; *B+*, *B*, *B-*, Good; *C+*, *C* , *C-*, Passing; *D*, Minimum Pass; *F*, Failure; *CR*, Credit; *NC*, No Credit; *I*, Incomplete. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, *A*, Excellent; 75-84, *B*, Good; 65-74, *C*, Satisfactory; 55-64, *D*, Poor (below standard for graduation); 45-54, *F*, Failure; *CR*, Credit (minimum grade of 65 required for J.D. candidates, 75 or LL.M. candidates); *NC*, No Credit; *I*, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of *H*, Honors; *P*, Pass; *LP*, Low Pass; and *NC*, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors; *P*, Pass; *F*, Failure; *IP*, In Progress; *I*, Incomplete; *CN*, Conditional; *W*, Withdrawal; *X*, Exempt, *CN/P*, Conditional converted to Pass; *CN/F*, Conditional converted to Failure.

Effective September 1, 1965, to September 1, 1972: A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Before September 1, 1965: A, Excellent, 90-100; *B*, Good, 80-89; *C*, Passing, 75-79; *D*, Conditional, 65-74; *F* or *D*, Failure, below 65; *I* or *Inc.*, Incomplete.

TO TEST FOR AUTHENTICITY: The face of this document has a blue background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

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Student No: [redacted]
Date of Birth: 23-OCT

Date Issued: 07-JAN-2005

Record of: Joshua M Nathan

SUBJ NO	COURSE TITLE	CRDT	GRD PTS

********** TRANSCRIPT TOTALS **********

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	186.00	0.00	0.00	0.00
OVERALL	186.00	0.00	0.00	0.00

########## END OF DOCUMENT ##########

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201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In School of Business and Public Management, open only to seniors with a GPA of 3.00 or better as well as approval ot department chair and dean.

301 to 400 Graduate School of Education and Human Development - Designed primarily for graduate students.
School of Engineering and Applied Science - Designed primarily for graduate students.
Columbian College of Arts and Sciences - Limited to graduate students, primarily for doctoral students.
School of Business and Public Management - Limited to doctoral students.

701,721 & 751 The **701** (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The **721** (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest. The **751** number is used to list courses sponsored jointly by two or more schools.

770s & 780s These numbers designate courses offered by distinguished University Professors; the content usually spans several disciplines.

The Law School

Before June 1, 1968:

101 to 200 Required courses for first-year students.

201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.

301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

201 to 299 Required courses for J.D. candidates.

300 to 499 Designed for second- and third-year J.D. candidates.
Open to master's candidates only with special permission.

500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences
School of Public Health and Health Services

001 to 200 Designed for students in undergraduate programs.

201 to 800 Designed for M.D., health sciences, public health, health services, and other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations.

AU	American University	MMU	Marymount University
CU	Catholic University of America	MVC	Mount Vernon College
GC	Gallaudet University	SEU	Southeastern University
GU	Georgetown University	TC	Trinity College
GL	Georgetown Law Center	UDC	University of the District of Columbia
GMU	George Mason University		
HU	Howard University	UMD	University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Low Pass; *F*, Fail; *I*, Incomplete; IPG, In Progress; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *P*, Pass; *NP*, No Pass; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 2003: The grading symbol R indicates need to repeat course.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I/* and the grade.

Effective Fall 1987: The following grading symbols were added: *A-*, *B+*, *B-*, *C+*, *C-*, *D+*, *D-*.

Effective Summer 1980: The grading symbols: *P*, Pass, and *NP*, No Pass, replace *CR*, Credit, and *NC*, No Credit.

Effective Fall 1979 through Fall 1985: The grading symbols Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: H, Honors; *HP*, High Pass; *P*, Pass; *F*, Failure.

Effective Fall 1964 through Summer 1981: "@" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs.) *A*, Excellent; *B*, Good; *C*, Minimum Pass; *F*, Failure; *I*, Incomplete; *IPG*, In Progress; *CR*, Credit; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1994: The following grading symbols were added: *A-*, *B+*, *B*, *B-*, *C+* *C*, *C-* grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I/* and the grade.

Effective Fall 1979 through Fall 1985: The grading symbol Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "*" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: (F), Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: E or *Ex.*, Excellent; *S* or *Sat.*, Satisfactory; *U* or *Unsat.*, Unsatisfactory; *I* or *Inc.*, Incomplete; *AU*, Audit; *CR*, Credit; *NC*, No Credit.

Before Spring 1953, Sat., Satisfactory; *Unsat.*, Unsatisfactory; *Inc.*, Incomplete.

Law Grading System

A+, *A*, *A-*, Excellent; *B+*, *B*, *B-*, Good; *C+*, *C* , *C-*, Passing; *D*, Minimum Pass; *F*, Failure; *CR*, Credit; *NC*, No Credit; *I*, Incomplete. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, *A*, Excellent; 75-84, *B*, Good; 65-74, *C*, Satisfactory; 55-64, *D*, Poor (below standard for graduation); 45-54, *F*, Failure; *CR*, Credit (minimum grade of 65 required for J.D. candidates, 75 or LL.M. candidates); *NC*, No Credit; *I*, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of *H*, Honors; *P*, Pass; *LP*, Low Pass; and *NC*, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors; *P*, Pass; *F*, Failure; *IP*, In Progress; *I*, Incomplete; *CN*, Conditional; *W*, Withdrawal; *X*, Exempt, *CN/P*, Conditional converted to Pass; *CN/F*, Conditional converted to Failure.

Effective September 1, 1965, to September 1, 1972: A, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Before September 1, 1965: A, Excellent, 90-100; *B*, Good, 80-89; *C*, Passing, 75-79; *D*, Conditional, 65-74; *F* or *D*, Failure, below 65; *I* or *Inc.*, Incomplete.

TO TEST FOR AUTHENTICITY: The face of this document has a blue background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

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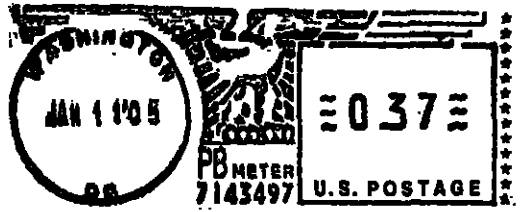
WASHINGTON, D.C. 20052



IMPORTANT
Official Document Enclosed
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Health Professions Quality Assurance
Customer Service Center
P O Box 47865
Olympia, WA 98504

telnet (GothomCity)

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INDIVIDUAL NAME                  (JR,SR,III)          REFERENCE # CA00007131
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  FIRST JOSHUA                                +-ADDITIONAL INFORMATION----------+
 MIDDLE M                                     |          SEX M =      MARRIED Y = |

RESIDENCE INFORMATION                         |   OTHER NAME                      |
UNIVERSITY OF WASHINGTON                      |CORP. OFFICER                   =  |
BOX 356460                                    |TRUST ACCOUNT                      |
SEATTLE WA 98195                              |                                   |
                                              |  BIRTH PLACE ARIZONA              |
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PHONE: (   )    -       COUNTY:   17          |                                   |
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|RENEWAL STATUS:     LAST ACTIVE DATE:   -  -     LAST RENEWAL DATE: 05-11-2004 |
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Redaction Log

Total Number of Redactions in Document: 10

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
5	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
5	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	2
10	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
12	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
27	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
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Redaction Log

Page	Reason	Description	Occurrences
40	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1(1) 5(1) 10(1) 12(1) 27(1) 34(1) 36(1) 40(1)
23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	5(2)

Medical Commission Case Summary

2020-8595

Respondent: Joshua M Nathan			
County:	Snohomish	License #:	MD.MD.60036778
Licensed since:	08/27/2008	Expiration:	10/23/2017
License Status:	EXPIRED	ABMS Specialty:	Obstetrics and Gynecology
Residency Specialty:	Obstetrics and Gynecology	ABMS Subspecialty:	None

Complainant: Physicians Insurance A Mutual Company

Complaint Summary: The complainant alleges the respondent was negligent in their management of a vacuum-assisted delivery resulting in shoulder dystocia and Erb's palsy.

Single Complaint Process: No

Companion Cases:

Malpractice Settlement: Date of Event: 36 NPDB Data Amount Paid: 36 NPDB Data

Alleged Issues: Malpractice, Mandatory Reporting

Case Nature: Mandatory Malpractice Reports, Mandatory Reporting

Prior Cases: None

36 NPDB Data

36 NPDB Data

36 NPDB Data

WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

June 24, 2020

Joshua M Nathan
The Everett Clinic
3901 Hoyt Ave
Everett, WA 98201-4918

Case Number: 2020-8595
Credential Number: MD.MD.60036778

Dear Joshua M Nathan, MD:

The Washington Medical Commission received a report against you alleging unprofessional conduct. A panel of at least three Commissioners reviewed this report and determined that it did not meet the criteria for authorizing an investigation. Therefore, this complaint has been closed. This complaint will not be posted on our website. The existence of this complaint is only releasable to the public if they make a formal written records request.

You have the right to request any publicly disclosable information contained in the file. To do so, submit a request through the Department of Health, Public Disclosure Unit portal at: https://washingtondoh.govqa.us/WEBAPP/_rs/SupportHome.aspx . If you do not have access to the internet, you may send your written request to P.O. Box 47865, Olympia, WA 98504-7865. Please include the case number listed above.

After seeing what the file contains, you can submit a written statement for us to include in the file. Please remember that your statement will become part of the file and will be disclosed in any future disclosure requests. If you choose to submit a statement, please send it to us at PO Box 47866, Olympia, WA 98504 and include the case number listed above.

Sincerely,
Complaints Unit
Washington Medical Commission
medical.complaints@wmc.wa.gov

NOTICE

The identity of a Whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider **shall remain confidential** in most cases, under RCW 43.70.075.

WAC 246-15-030 controls procedures for filing, investigation, and resolution of Whistleblower complaints in healthcare settings.

(1)(b) Instructs that staff will affix a permanent cover to the complaint letter or other notice of complaint in the complaint file, noting that statutes protect the identity of the complainant.

(3)(c) Ensures upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

It is the staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed except in the limited situations below.

By signing the Whistleblower waiver authorization, you agree and understand that your identity may be released only:

- To the practioner who is the subject of your complaint;
- To other persons "reasonably necessary to the investigation"; and
- For use in a disciplinary hearing

NOTICE