

APPLICATION FOR RENEWAL OF OKLAHOMA LICENSE

MEDICAL DOCTOR From 7/2/2020 To 7/1/2021

This form must be completed and returned to this office with a renewal fee of \$200.00 on or before July 1, 2020. After that date, the license becomes inactive. Renewals may be accepted for 60 days with a fee of \$350.00. After 60 days, unrenewed Licenses are suspended. YOU CANNOT PRACTICE WITH AN INACTIVE OR SUSPENDED LICENSE.

Mail Renewal application to: **OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**
 101 NE 51st Street
 OKLAHOMA CITY, OK 73105-1821

Mark any changes to the addresses below. Please inform this office of all address changes.

34798

CHRISTINA MARIE BOURNE, M.D.

1240 SW 44TH ST OKLAHOMA CITY, OK 73109	M A I L
--	------------------

PROVIDE
A ZIP+4
CODE

P R A C T	FAMILY AND COMMUNITY MEDICINE AND PSYCHIATRY 4860 Y ST. STE 1600 SACRAMENTO, CA 95817 (916) 734-3630
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You are required pursuant to 59 O.S. § 355.1(B) to indicate your preference. Please read and check appropriate response. Any Medical Doctor who desires to DISPENSE "dangerous drugs" as defined in the Pharmacy Law, must register annually with the Board. This is for dispensing only and does not include prescribing, administering, or the giving of samples.

I wish to be registered to dispense dangerous drugs. YES NO

The following information is mandatory and information provided may be investigated further.

Since the last renewal or initial licensure (whichever is most recent):

- | | YES | NO |
|---|-------|----------------|
| A. Since last renewal, have you been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID? | _____ | _____ <u>X</u> |
| B. Since last renewal, have you surrendered a license or had any adverse action taken against any narcotic permit (state or federal)? | _____ | _____ <u>X</u> |
| C. Since last renewal, have you been denied membership or had disciplinary action taken by a national, state or county professional organization? | _____ | _____ <u>X</u> |
| D. Since last renewal, have you been denied or had removed or suspended hospital staff privileges? | _____ | _____ <u>X</u> |
| E. Since last renewal, have you surrendered hospital staff privileges while under investigation or to avoid investigation? | _____ | _____ <u>X</u> |
| F. Since last renewal, have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action? | _____ | _____ <u>X</u> |
| G. Since last renewal, have you been the subject of an investigation or disciplinary action by a hospital, clinic, practice group, training program or professional school? | _____ | _____ <u>X</u> |
| H. Since last renewal, have you had any adverse judgment, settlement, or award against you arising from a professional liability claim? | _____ | _____ <u>X</u> |
| I. Since last renewal, have you had professional liability coverage declined, canceled, issued on special terms, or renewal refused? | _____ | _____ <u>X</u> |
| J. Since last renewal, have you been reported to the National Practitioner Data Bank (NPDB)? | _____ | _____ <u>X</u> |
| K. Since last renewal, has your application for a professional license ever been denied? | _____ | _____ <u>X</u> |
| L. Since last renewal, have you failed any part of a licensure/certification/registration examination? | _____ | _____ <u>X</u> |
| M. Since last renewal, have you surrendered a license or had a license revoked? | _____ | _____ <u>X</u> |
| N. Since last renewal, has any disciplinary action been taken on any license? | _____ | _____ <u>X</u> |

- | | YES | NO |
|--|-------|-----|
| O. Since last renewal, have you been the subject of a review by a professional licensing/regulatory agency based on a complaint filed against you? | _____ | _X_ |
| P. Since last renewal, have you been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations? | _____ | _X_ |
| Q. Since last renewal, have you been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol? | _____ | _X_ |
| R. Since last renewal, have you been addicted to or used in excess any drug or chemical substance, including alcohol? | _____ | _X_ |
| S. Since last renewal, have you obtained an assessment or been treated for the use of any drug or chemical substance including alcohol? | _____ | _X_ |
| T. Since last renewal, have you had any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently? | _____ | _X_ |

DO YOU WISH TO APPLY FOR PHYSICIAN EMERITUS (FULLY RETIRED) STATUS? ___ YES X NO

If "YES", there will be no renewal fee. The Following Restrictions apply to Physician Emeritus (FULLY RETIRED) Physicians:

- A) You may continue to use the title "DOCTOR" and suffix "MD", but must indicate your retired status
- B) You cannot practice medicine in any form. You cannot prescribe, dispense or administer drugs.

Specialties:

List Specialty you spend greater than 50% of your time in #1.

1. General Practice _____
2. Psychiatry _____
3. _____
4. _____

Board Certifications (Current):

Add Boards by exact name and attach a copy of certificate if new certification.

1. _____
2. _____
3. _____

Post Graduate Training (Current):

Type of Training: _____

Hospital: _____

Location: _____

Date Entered: _____

Expected Completion Date: _____

Practice Information (Current):

Employer: UNIVERSITY OF CALIFORNIA, DAVIS _____

City, State, Country: SACRAMENTO, CA UNITED STATES _____

Type of Practice or Specialty: RESIDENT PHYSICIAN _____

Date Started: 6/2016 _____

Other States in which you are licensed to practice Medicine:

CA A150575 _____

I, the undersigned, have to the best of my knowledge, complied with the laws and rules regulating my profession. I hereby state that the information contained in this application is true and correct. This form is Public Information.

Signature of Applicant: Renewed Online Date: 05/05/2020 Time: 10:48:54 am



OF MEDICAL LICENSURE AND SUPERVISION

Certifies that CHRISTINA MARIE BOURNE having given satisfactory evidence of fitness as to ages, character, preliminary education, medical instruction, and all other matters required by law, was fully examined by the members of the State Board of Medical Licensure and Supervision of the State of Oklahoma, whose signatures are hereto attached and found duly qualified to receive this Certificate Authorizing the Practice of Medicine and Surgery, in this State under and pursuant to the provisions of the Statutes of the State of Oklahoma,

IN TESTIMONY WHEREOF, we have hereunto set our hands and caused the official seal of said board to be impressed thereon, this 10th day of July, 2019



Medical License No. 34798

[Signature]

 PRESIDENT

[Signature]

 SECRETARY

[Signature]

 Robert Howard

[Signature]

 Trevor Null, CEO

[Signature]

 Susan L. Chambers, MD
 VICE-PRESIDENT

[Signature]

 Lee Schoeffler, MD

[Signature]

 David Vanhooser, MD

[Signature]

 James Brinkworth, MD

[Signature]

 Louis Cox, MD

MD34798
 CHRISTINA MARIE BOURNE
 1240 SW 44TH ST.
 OKLAHOMA CITY, OK 73109

71719

9489 0090 0027 6129 0867 67

*MD34798
 7/17/19*

Date: July 9, 2019

Board Secretary Vote on Behalf of: BOURNE, CHRISTINA MARIE

For Board Member: DR. SCHOEFFLER

Board Secretary: _____

Date: July 9, 2019

Board Secretary Vote on Behalf of: BOURNE, CHRISTINA MARIE

For Board Member: MR. HOWARD

Board Secretary: *Christina Marie Bourne 7-9-19*

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Wednesday, July 10, 2019 9:42 AM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Lee Schoeffler, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Tuesday, July 9, 2019 8:12 AM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Susan L. Chambers, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Monday, July 8, 2019 4:49 PM
To: Applications
Subject: [EXTERNAL]Board Member Vote

David Vanhooser, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Tuesday, July 2, 2019 8:42 AM
To: Applications
Subject: [EXTERNAL]Board Member Vote

James Brinkworth, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Saturday, June 29, 2019 6:39 AM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Mark S. Fixley, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Friday, June 28, 2019 9:45 PM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Ann Acers Warn, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Friday, June 28, 2019 8:14 PM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Louis Cox, MD has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Kenna L. Shaw

From: Oklahoma Medical Board <varghese@okmedicalboard.org>
Sent: Friday, June 28, 2019 6:59 PM
To: Applications
Subject: [EXTERNAL]Board Member Vote

Trevor Nutt, COO has cast the following vote:

Type: MD
Number: 34798
Name: CHRISTINA MARIE BOURNE

Response: Approved

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
MD 34798 CHRISTINA MARIE BOURNE
MEDICAL DOCTOR

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:
019-05 Univ Of KS Sch Of Med, Wichita KS 67214

Number of Licenses Previously Granted to Graduates of this Medical School:8

Application for: Resident _____ Full License

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS by 6-26-19
- 2) ALL FIVE CRITERIA HAVE BEEN MET _____
 - Passed USMLE < 2 attempts
 - No DUIs, etc
 - No Malpractice
 - US Graduate
 - Graduated Medical School on time
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH 8/1/19 by 6-26-19
- 4) HAS ISSUED A SPECIAL TRAINING LICENSE _____
- 5) REQUESTS SPECIFIC CONSIDERATION OF:

Valeska Barr

From: Christina Marie Bourne <cbourne@ucdavis.edu>
Sent: Monday, June 24, 2019 4:31 PM
To: Valeska Barr
Subject: Re: [EXTERNAL]Re: Oklahoma Application # Deficiencies

Hi Valeska,

Thank so much for getting back to me, I would be happy to answer additional questions.

1- My post graduate training will be completed at the end of June 2021.

2&3- I have completed 3 years of postgraduate work and I am licensed to practice in as a general practitioner in CA with an unrestricted medical license. My residency program allows trainees to moonlight and work part time during my elective blocks outside the program while still in training. I am applying for licensing to be able to do intermittent work with Trust Women as a general practitioner. This allows me to build connections for full-time employment and spend time with loved ones.

Please let me know if you have any additional questions. Happy to discuss on the phone as well.

Best,

Christina Bourne, MD, MPH
UCDavis Family Medicine and Psychiatry - PGY 3
Pronouns: she/her/hers

From: Valeska Barr <vbarr@okmedicalboard.org>
Sent: Monday, June 24, 2019 12:16:10 PM
To: Christina Marie Bourne
Subject: RE: [EXTERNAL]Re: Oklahoma Application # Deficiencies

Okay, I have just gotten your file back from the Board Secretary. He has a couple of questions he would like answers to as he contemplates issuing a temporary license:

1. When is your Post Grad training at the University of California complete? (your application says 6/2021)
2. If you are still in Post Grad training until 6/2021 how are you going to join an established practice in Oklahoma?
3. What are your specific practice plans for Oklahoma?

You can email me back with your answers and I will give it to the Board Secretary.

Valeska Barr, Application Analyst
Oklahoma State Board of Medical Licensure & Supervision
101 NE 51st Street, Oklahoma City, OK 73105
Phone: 405-962-1400 ext. 131 **Fax:** 405-962-1440
Email: vbarr@okmedicalboard.org
Website: <http://www.okmedicalboard.org>

34798
VB

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 34798 CHRISTINA MARIE BOURNE
 MEDICAL DOCTOR

Mailing Address
Addr. Date: April 06, 2019
Address: 1240 SW 44TH ST,

Practice Address:
 April 06, 2019
 FAMILY AND COMMUNITY MEDICINE AND PSYC
 4860 Y ST. STE 1600

City,State ZIP: OKLAHOMA CITY, OK 73109
County: OKLAHOMA
Province:
Country:

SACRAMENTO, CA 95817
 NOT OKLAHOMA
 UNITED STATES OF AMERICA

Status:
Res: MD
Received: 04/06/2019
Entered: 04/06/2019

Endorsed By: USMLE

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 04/09/2019
AMA Rec: 04/09/2019
Board Action:
License #: 34798
Sex: F
Ethnic Origin: 4

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	2/23/17	5/6/19	1
Test 2: USMLE 1	PASS	7/15/14	5/6/19	2
Test 3: USMLE 2CK	PASS	8/28/15	5/6/19	1
USMLE 2CS	PASS	8/4/15	5/6/19	1
Test AV:		Note: <i>PASS</i> means higher than 75		
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION	
School Name: UNIVERSITY OF KANSAS SCHOOL OF MEDICINE City: KANSAS CITY Degree: MEDICAL POST-BACCALAUREATE PROGRAM	State: KS Country: UNITED STATES From: 6/2011 To: 5/2012 Verified:
School Name: BROWN SCHOOL AT WASHINGTON UNIVERSITY IN ST. LOUIS City: ST. LOUIS Degree: MASTER'S IN PUBLIC HEALTH	State: MO Country: UNITED STATES From: 5/2009 To: 6/2011 Verified:
School Name: UNIVERSITY OF ARIZONA & PIMA COMMUNITY COLLEGE City: TUCSON Degree: NUTRITION	State: AZ Country: From: 5/2004 To: 5/2006 Verified:
MEDICAL SCHOOL EDUCATION	
Name: Univ Of KS Sch Of Med, Wichita KS 67214	
Foreign Name: City: Wichita Degree: MEDICAL DOCTOR	State/Country: United States of America From: 7 / 2012 To: 5 / 2016 Diploma Ver'd: Y

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
MD 34798 CHRISTINA MARIE BOURNE
MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:UNIVERSITY OF CALIFORNIA, DAVIS Specialty:FAMILY MEDICINE, PSYCHIATRY
AND BEHAVIORAL SCIENCE
Res. Fellowship: Internship/Residency
City: SACRAMENTO State:CA Country:UNITED STATES OF AM
Verified: 04/23/2019 From: 6 / 2016 To: 6 / 2021
Comments: IN PROGRESS

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 MD 34798 CHRISTINA MARIE BOURNE
 MEDICAL DOCTOR

PRACTICE HISTORY			
Employed: TRANSITIONS BUPRENORPHINE CLINIC AND HARM REDUCTIO	Supervisor:		
City: SACRAMENTO	State: CA	Country: UNITED STATES	
Specialty: STAFF PHYSICIAN	From: 11/ 2017	To: /	Verified:
Comments: STAFF PHYSICIAN			
Employed: ELICA HEALTH CENTERS- STREET MEDICINE TEAM	Supervisor:		
City: SACRAMENTO	State: CA	Country: UNITED STATES	
Specialty: STAFF PHYSICIAN	From: 9/ 2016	To: 12/ 2017	Verified:
Comments: STAFF PHYSICIAN			
Employed: UNIVERSITY OF CALIFORNIA, DAVIS	Supervisor:		
City: SACRAMENTO	State: CA	Country: UNITED STATES	
Specialty: RESIDENT PHYSICIAN	From: 6/ 2016	To: /	Verified:
Comments: RESIDENT PHYSICIAN FOR DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE AND PSYCHIATRY.			
Employed: SIVA YOGA STUDIO	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: YOGA INSTRUCTOR	From: 1/ 2015	To: 5/ 2016	Verified:
Comments: YOGA INSTRUCTOR			
Employed: UNIVERSITY OF KANSAS SCHOOL OF MEDICINE	Supervisor:		
City: KANSAS CITY	State: KS	Country: UNITED STATES	
Specialty: RESEARCH ASSISTANT	From: 4/ 2011	To: 4/ 2012	Verified:
Comments: RESEARCH ASSISTANT FOR DEPARTMENT OF PREVENTATIVE MEDICINE AND PUBLIC HEALTH			
Employed: WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	Supervisor:		
City: ST. LOUIS	State: MO	Country: UNITED STATES	
Specialty: RESEARCH ASSISTANT	From: 1/ 2010	To: 6/ 2011	Verified:
Comments: RESEARCH ASSISTANT FOR CENTER FOR HUMAN NUTRITION			
Employed: SOUTHERN ARIZONA VETERANS AFFAIRS HEALTH CARE SYST	Supervisor:		
City: TUCSON	State: AZ	Country: UNITED STATES	
Specialty: CLINICAL NUTRITIONIST	From: 5/ 2008	To: 5/ 2009	Verified:
Comments: CLINICAL NUTRITIONIST			
Employed: WAVERLY PARK HEATHLH CARE CENTER	Supervisor:		
City: TUCSON	State: AZ	Country: UNITED STATES	
Specialty: CLINICAL NUTRITIONIST	From: 12/ 2007	To: 5/ 2008	Verified:
Comments: MEDICAL INTERPRETER			
Employed: LA ROSA HEALTH CARE CENTER	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 34798 CHRISTINA MARIE BOURNE
 MEDICAL DOCTOR

City: TUCSON	State: AR	Country: UNITED STATES
Specialty: CLINICAL DIETETIC TECHNICIAN	From: 5/ 2006	To: 1/ 2009 Verified:
Comments: CLINICAL DIETETIC TECHNICIAN		

BOARD CERTIFICATIONS

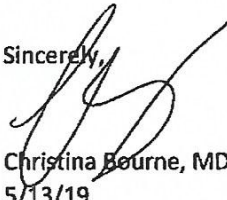
Other Licenses		Status	Issued	Exp	Verif
State	Lic #				
CA	A150575	A	7/25/17	5/31/19	4/9/19

DEFICIENCIES

In regards to Oklahoma Medical Board licensure clarification:

I failed USMLE Step 1 the first time I took it and passed it on my second try. I did not intentionally leave this out of my Oklahoma License application. I did not see that there was an area to report failing the test and then subsequently passing the test on the application form. This has never been anything that I have tried to hide from any medical board. This was a mistake and oversight on my part, I apologize about an inconvenience this has caused the medical board and I look forward to continuing through the medical license process.

Sincerely,



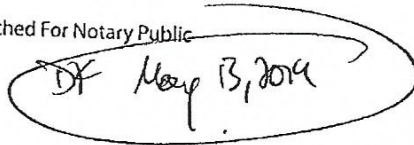
Christina Bourne, MD, MPH
5/13/19

RECEIVED

MAY 16 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

See Attached For Notary Public



RECEIVED

MAY 16 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

California Jurat With Affiant Statement

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer(s), not Notary)

1. ~~_____~~

2. ~~_____~~

3. ~~_____~~

4. ~~_____~~

5. ~~_____~~

6. ~~_____~~

7. ~~_____~~

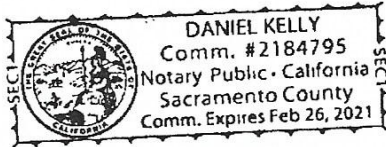
Signature of Document Signer No. 1

Signature of Document Signer No. 2

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Sacramento

Subscribed and sworn to (or affirmed) before me
 on this 13th day of May, 2019
 by (1) Christina Bourne
 (and (2) _____),



(Seal)

proved to me on the basis of satisfactory
 evidence to be the person(s) who appeared
 before me.

Signature _____
 Signature of Notary Public

Description of Attached Document

Title or Type of Document: Oklahoma Medical Board Licensure Clarification

Number of Pages: 1

The following alert(s) have been found:

Please validate your login account email address below. We will periodically ask you to validate your current email address to assure you are able to receive email for this account in the future. If it is invalid, please update your email address and click Confirm Email.

cbourne@ucdavis.edu

Confirm Email

Christina Marie Bourne
As of April 5, 2019, 3:10 pm

P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?
 Yes No

I had used a fake id to get into a club. It has been expunged.

Christina Marie Bourne
As of April 5, 2019, 3:10 pm

State of:

County of:

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 6 day of April, 2019, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal

Signature of Applicant

See Attached For Notary Public

My Commission Expires

RECEIVED

APR 08 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

MD 34798 KB

California Jurat With Affiant Statement

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer(s), not Notary)

1. ~~_____~~

2. ~~_____~~

3. ~~_____~~

4. ~~_____~~

5. ~~_____~~

6. ~~_____~~

7. ~~_____~~

Signature of Document Signer No. 1

Signature of Document Signer No. 2

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Sacramento

Subscribed and sworn to (or affirmed) before me
 on this 5th day of April, 2019,
 by (1) Christine Marie Baerue
 (and (2) _____).



(Seal)

proved to me on the basis of satisfactory
 evidence to be the person(s) who appeared
 before me.

Signature [Handwritten Signature]
 Signature of Notary Public

Description of Attached Document

Title or Type of Document: Oklahoma Medical License Missed Renewal

RECEIVED

Number of Pages: 1

APR 0. 2019

OKLAHOMA STATE BOARD
 MEDICAL LICENSURE
 AND SUPERVISION

Oklahoma State Board of Medical Licensure and Supervision
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE
 Received:04/06/2019

Applicant Name: BOURNE, CHRISTINA MARIE
 1240 SW 44TH ST,
 OKLAHOMA CITY, OK 73109

MD 34798

(916) 734-3630

Date Of Birth: [REDACTED] **Place Of Birth (City, State):** TUCSON, AZ

Sex: F **Race:** Hispanic

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE	KANSAS CITY	KS		6/2011	5/2012	MEDICAL POST-BACCALAU REATE PROGRAM		
GD	BROWN SCHOOL AT WASHINGTON UNIVERSITY IN ST. LOUIS	ST. LOUIS	MO		5/2009	6/2011	MASTER'S IN PUBLIC HEALTH		

Medical School Name	City	State	Country	Comments	From	To
Univ Of KS Sch Of Med, Wichita KS 67214	Wichita	KS	United States		6/2012	7/2016

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
UNIVERSITY OF CALIFORNIA, DAVIS	SACRAMENTO	CA	UNITED S	FAMILY MEDICINE, PSYCHIATRY AND BEHAVIORAL SCIENCES		6/2016 6/2021

Practice History								
Employer	Specialty	Supervisor	City	ST	Country	From	To	Verif
TRANSITIONS BUPRENORPHINE CLINIC AND HARM REDUCTIO	STAFF PHYSICIAN		SACRAMENTO	CA		11/2017		
ELICA HEALTH CENTERS-STREET MEDICINE TEAM	STAFF PHYSICIAN		SACRAMENTO	CA		9/2016	12/2017	
UNIVERSITY OF CALIFORNIA, DAVIS	RESIDENT PHYSICIAN		SACRAMENTO	CA		6/2016		
SIVA YOGA STUDIO	YOGA INSTRUCTOR		WICHITA	KS		1/2015	5/2016	
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE	RESEARCH ASSISTANT		KANSAS CITY	KS		4/2011	4/2012	
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	RESEARCH ASSISTANT		ST. LOUIS	MO		1/2010	6/2011	
SOUTHERN ARIZONA VETERANS AFFAIRS HEALTH CARE SYST	CLINICAL NUTRITIONIST		TUCSON	AZ		5/2008	5/2009	
WAVERLY PARK HEATLH CARE CENTER	CLINICAL NUTRITIONIST		TUCSON	AZ		12/2007	5/2008	
LA ROSA HEALTH CARE CENTER	CLINICAL DIETETIC TECHNICIAN		TUCSON	AR		5/2006	1/2009	

\$500/-

Oklahoma State Board of Medical Licensure and Supervision
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE
Received:04/06/2019

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
CA	A150575		U	7/25/17	5/31/19

MD Exam					
Exam	State	Score	Date Taken	#	
USMLE					

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/06/2019

Questions Answered 03/06/2019	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations? I had used a fake id to get into a club. It has been expunged.	Y
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE
Received:04/06/2019

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

No

If 'Yes', Name of practice:

If so, Please identify with which category:

Name of Previous Carrier and Policy Holder

N/A

Name of Current Carrier and policy Holder

N/A

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

Will obtain a different malpractice policy

I attest that all the above information is accurate as of April 05, 2019: _____ (Signed Online)

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1400 Fax: (405) 962-1440 email: Licensing@okmedicalboard.org

PHOTO AND OATH PAGE - PHYSICIANS

If you uploaded a photograph as part of the online application process you are not required to complete Section 1 (Photograph) of this form.

1. PHOTOGRAPH



THIS PHOTOGRAPH, TAKEN WITHIN THE PAST TWELVE MONTHS, IS A CORRECT LIKENESS OF MYSELF

APPLICANT SIGNATURE

See Attached For Notary Public

NOTARY SIGNATURE

2. OATH

I, Christina Bourne, hereby certify under oath that I am the person named in the application for license to practice medicine and surgery in the State of Oklahoma, that all statements I have made herein are true, that the photograph is a true resemblance of me and was made within the last 12 months, that in consideration of the issuance to me of a license to practice medicine and surgery in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct, I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my medical license

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure or licensure renewal

APPLICANT'S SIGNATURE

, M.D.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

SEAL

NOTARY PUBLIC

See Attached For Notary Public

MD PHOTO AND OATH PAGE 2/27/17

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APR 18 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

MD 34798
KB

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF Sacramento

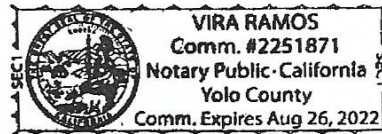
Subscribed and sworn to (or affirmed) before me on this 17th day of April, 2019
- Date Month Year

by Christina Bourne

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: [Handwritten Signature]
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: photo & oath page - physicians

Document Date: 2/27/17

Number of Pages: 1

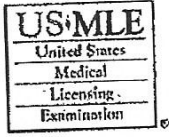
Signer(s) Other Than Named Above: N/A

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APR 18 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

MD 34799
VB



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

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 05/06/2019

Examinee: Bourne, Christina Marie
Alt Name(s):

Examinee ID: 5-320-061-4
Date of Birth: [REDACTED]

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. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/15/2014	Pass	214	(192)	
05/09/2014	Fail	184	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/28/2015	Pass	225	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
08/04/2015	Pass	

USMLE STEP 3

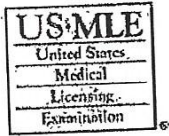
Test Date	Pass/Fail	Score	Minimum Pass	Comments
02/23/2017	Pass	207	(196)	

End of Exam History

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

**PRIMARY
SOURCE**

34798 VB



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

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Bourne, Christina Marie

Examinee ID: 5-320-061-4

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

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.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

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 are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score 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.

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

Irregular Behavior - The Committee for Individualized Review 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.

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.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, 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 Physician Data Center 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 of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Form #1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

Send or take this form to the Medical School from which you graduated for verification of your graduation. This form must be completed and mailed directly to the Board by the Medical School.

I, Caroline Scala, DO HEREBY CERTIFY THAT THE APPLICANT,
Name of educator

Christina Bourne ATTENDED The University of Kansas
Name of applicant Name of institution

LOCATED IN Kansas City, KS, USA
City State Country

FROM 07 / 30 / 2012 TO 05 / 07 / 2016
mo. day year mo. day year

AND WAS AWARDED THE DEGREE: Doctor of Medicine
05/15/2016

I do hereby certify that, at the time of graduation, there was no suspension, probation or other disciplinary action in effect or pending involving this graduate, and to the best of my knowledge he/she was competent to practice medicine.

Caroline Scala
Signature (Must be an original signature. Proxy or signature stamp will not be accepted.)

SEAL

Associate Registrar
Title

05/07/2019
Date

If the medical school has no seal, the signature of the author of this form must be notarized.

MDONE (08/02)

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MAY 13 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION

PRIMARY
SOURCE

MD 34798
S1
(Duplicate)

Official KU Academic Record

University of Kansas
Lawrence, KS

Name: Christina Bourne
Student ID: 2625350

Institution Info University of Kansas
Lawrence, KS 66045
CEEB- 06871 ACT. 1470

SSN Birthdate



Print Date 06/17/2019

PRIMARY SOURCE

To: Oklahoma State Medical Board Attn: Valeska Barr

Program	Course	Description	Attempted	Earned	Grade	Points	Term GPA	Cum GPA	Term Totals	Cum Totals	Attempted	Earned	Grade	Points
2011 Summer														
Program	Liberal Arts&Sci Ugrd-NonDg													
Course	400	Fundamentals of Microbiology	3 000	0 000	A	0 000								
Term GPA	0 000	Term Totals	3 000	0 000	0 000	0 000								
Cum GPA	0 000	Cum Totals	3 000	0 000	0 000	0 000								
2011 Fall														
Program	Liberal Arts&Sci Ugrd-NonDg													
Course	503	Immunology	3 000	0 000	A	0 000								
BIOL	512	General Virology	3 000	0 000	A	0 000								
BIOL	646	Mammalian Physiology	4 000	0 000	A	0 000								
ENGL	334	Major Authors Toni Morrison	3 000	0 000	A-	0 000								
Course Topic			Attempted	Earned	GPA Units	Points								
Term GPA	0 000	Term Totals	13 000	0 000	0 000	0 000								
2012 Spring														
Program	Liberal Arts&Sci Ugrd-NonDg													
Course	418	Laboratory in	2 000	0 000	B	0 000								
BIOL		Human Brain Dissection												
Course Topic			Attempted	Earned	Grade	Points								
BIOL	506	Microbiology	3 000	0 000	A	0 000								
BIOL	600	Introd Biochemistry, Lectures	4 000	0 000	A	0 000								
PUAD	694	Topics in Public Administration	3 000	0 000	A	0 000								
Course Topic			Attempted	Earned	GPA Units	Points								
Term GPA	0 000	Term Totals	12 000	0 000	0 000	0 000								
Cum GPA	0 000	Cum Totals	28 000	0 000	0 000	0 000								
2012 Fall														
Program	Medicine Professional													
Course	800	Found of Med	8 000	8 000	HS	24 000								
CORE	805	Genetics & Neoplas	4 000	4 000	HS	12 000								
CORE	810	Inflam and Immunity	4 000	4 000	HS	12 000								
CORE	815	Cardiopulmonary	0 000	0 000	P	0 000								
Term GPA	3 000	Term Totals	16 000	16 000	16 000	48 000								
Cum GPA	3 000	Cum Totals	16 000	16 000	16 000	48 000								
2013 Spring														
Program	Medicine Professional													
Course	815	Cardiopulmonary	8 000	8 000	HS	24 000								
CORE	820	Gastro System & Nutr	4 000	4 000	SU	16 000								
CORE	825	Renal and Endo System	4 000	4 000	SU	16 000								
CORE	830	Reprod & Sexuality	4 000	4 000	HS	12 000								

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JUN 17 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Tiffany Robinson

Tiffany Robinson
University Registrar

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tamper-proof security paper and does not
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authenticity, see instructions on reverse side.

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PRIMARY SOURCE

University of Kansas
Lawrence, KS

Official KU Academic Record
Name: Christina Bourne
Student ID: 2625350

Term GPA	3 400	Term Totals	20 000	20 000	20 000	68 000	Term GPA	0 000	Term Totals	0 000	0 000	0 000	0 000
Cum GPA	3 220	Cum Totals	36 000	36 000	36 000	116 000	Cum GPA	3 260	Cum Totals	73 000	73 000	73 000	238 000

2013 Summer

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
HPMD	909		Ethical Issues in	4 000	4 000	SU	16 000
Term GPA			4 000	4 000	4 000		16 000
Cum GPA			3 300	36 000	40 000		132 000

2013 Fall

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
CORE	835		Muscular & Soft Tissue Sys	4 000	4 000	SU	16 000
CORE	840		Brain and Behavior	8 000	8 000	HS	24 000
CORE	845		Blood and Lymph System	4 000	4 000	HS	12 000
CORE	850		Infectious Diseases	0 000	0 000	F	0 000
FAPR	863		Cross-cultr Hlth Lead Mod 1 D	1 000	1 000	SU	4 000
Term GPA			3 290	17 000	17 000		56 000
Cum GPA			3 300	57 000	57 000		188 000

2014 Spring

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
CORE	850		Infectious Diseases	6 000	6 000	HS	18 000
CORE	860		Integration & Consolidation	8 000	8 000	HS	24 000
IDSP	800		Special Programs Medical Mission/ Guatemala	1 000	1 000	SU	4 000
IDSP	800		Special Programs, Liberal Health Fair	1 000	1 000	SU	4 000
Term GPA			3 130	16 000	16 000		50 000
Cum GPA			3 260	73 000	73 000		238 000

2014 Summer

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
IDSP	805		Enrichment Program	0 000	0 000	NE	0 000

2014 Fall

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
		975	Issues in Clin Med	0 000	0 000	P	0 000
		805	Enrichment Program	0 000	0 000	NE	0 000
		805	Enrichment Program	0 000	0 000	NE	0 000
		950	Neurology Clerkship	4 000	4 000	SA	8 000
		975	Obstetrics/Gyneclgy	0 000	0 000	P	0 000
		950	Psychiatry Clerkship	4 000	4 000	HS	12 000
		975	Junior Surgery	8 000	8 000	HS	24 000
Term GPA			2 760	16 000	16 000		44 000
Cum GPA			3 170	89 000	89 000		282 000

2015 Spring

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
		950	Family Medicine Clerkship	8 000	8 000	SA	16 000
		950	Geniatric Medicine Clerkship	4 000	4 000	SU	16 000
		975	Issues in Clin Med	0 000	0 000	CR	0 000
		975	Obstetrics/Gyneclgy	6 000	6 000	SA	12 000
		975	Pediatrics Clerkship	6 000	6 000	HS	18 000
Term GPA			2 580	24 000	24 000		82 000
Cum GPA			3 040	113 000	113 000		344 000

2015 Fall

Program	Medicine Professional	Course	Description	Attempted	Earned	Grade	Points
		983	CCSL Trauma	4 000	4 000	SU	16 000
		998	Family Med Subintrn	4 000	4 000	SU	16 000
		806	Prsnl Pffessonl Development	0 000	0 000	NE	0 000
		975	Internal Medicine Clerkship	8 000	8 000	HS	24 000
		995	Spec Tpc Intrl Med	4 000	4 000	SU	16 000
Term GPA			3 600	20 000	20 000		72 000
Cum GPA			3 130	133 000	133 000		416 000

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OKLAHOMA STATE BOARD OF
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AND SUPERVISION

Tiffany Robinson
Tiffany Robinson
University Registrar

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University of Kansas
Lawrence, KS

Official KU Academic Record
Name: Christina Bourne
Student ID: 2625350

2016 Spring

Program:	Medicine Professional		Attempted	Earned	Grade	Points
Course	Description					
FCMD	995	Spec Topics in FCMD	4 000	4 000	SU	16 000
INMD	995	Spec Tpc Intrl Med	2 000	2 000	SU	8 000
INMD	995	Spec Tpc Intrl Med	2 000	2 000	SU	8 000
PVMD	975	Population Health in Practice	4 000	4 000	CR	0 000
RLMD	976	Rural Preceptorship-Fam Med	4,000	4 000	P	0 000
			<u>Attempted</u>	<u>Earned</u>	<u>GPA Units</u>	<u>Points</u>
Term GPA	4 000	Term Totals	16 000	16 000	8 000	32 000
Cum GPA	3 180	Cum Totals	149 000	149 000	141 000	448 000

End of Official KU Academic Record

Medicine Career Totals	3,180	Cum Totals	149,000	149,000	141,000	448,000
Cum GPA:	3,180	Cum Totals	149,000	149,000	141,000	448,000

Non-Course Milestones

United States Medical Licensure Exam, Step 1
Status: Completed
Program: Medicine Professional
Date Completed: 08/06/2014
Date Attempted: 08/06/2014 Completed

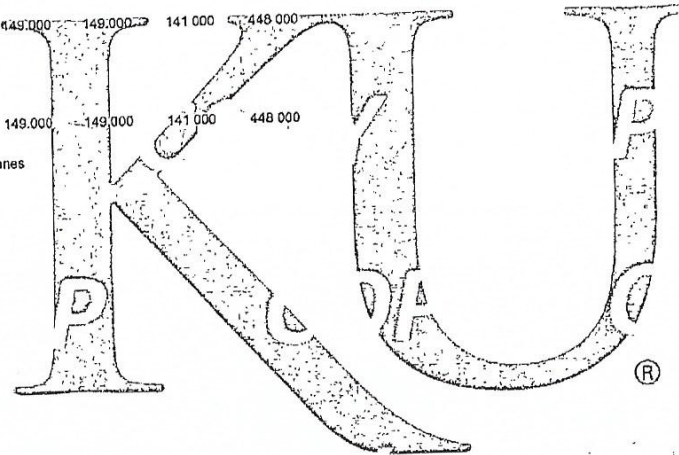
United States Medical Licensure Exam, Step 2 CK
Status: Completed
Program: Medicine Professional
Date Completed: 09/16/2015
Date Attempted: 09/16/2015 Completed

United States Medical Licensure Exam, Step 2 CS
Status: Completed
Program: Medicine Professional
Date Completed: 10/07/2015
Date Attempted: 10/07/2015 Completed

End of Medicine Academic Record

Note: The University of Kansas does not include earned transfer hours in the cumulative earned hours, for eligibility for graduation and total hours, the transfer hours earned and KU earned hours could be combined

Degree: Doctor of Medicine
Confer Date: 05/15/2016
Plan: Doctor of Medicine



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JUN 17 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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Tiffany Robinson
Tiffany Robinson
University Registrar

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FORM #2 (MD)

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256, Oklahoma City, OK 73154-0256

VERIFICATION OF COMPLETED POST-GRADUATE TRAINING

This form must be completed and mailed directly to the Board by the training institution.

NAME OF APPLICANT Christina Bourne, MD
(type or print)

PROGRAM SPECIALTY--INDICATE ONE (OR TRANSITIONAL)
Family Med./Psych combined

POST-GRADUATE YEAR LEVEL (circle one) (1) (2) (3) 4 5 6

NAME OF PROGRAM DIRECTOR: James Nuovo, MD

NAME OF INSTITUTION SPONSORING PROGRAM UC Davis Dept. of Fam. Med./Psych

DATE ENTERED: 6/25/10 (city) (state)
mo day yr DATE COMPLETED: 6/30/2021 (in progress)
mo day yr

TYPE OF PROGRAM (check one):
ACGME APPROVED RESIDENCY: FELLOWSHIP: INTERNSHIP:
NON-APPROVED RESIDENCY: CLERKSHIP: OTHER:
If "OTHER", give brief explanation: _____

Christina Bourne
(Print or type name of applicant)
[Signature]
(Signature of applicant)

To my knowledge this applicant performed satisfactorily in this program, and there was no disciplinary action outstanding or pending against this applicant. I know of no reason this individual should not be licensed to practice medicine.

James Nuovo, MD
(Print or type name of program director)
[Signature]
(Original signature of program director)

INSTITUTION SEAL

PRIMARY SOURCE

I have information that should be reviewed by the licensing agency in its deliberations leading to licensure.

(Print or type name of program director)

(Original signature of program director)

INSTITUTION SEAL

MDTWO (08/02)

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APR 23 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

MD 34798
Sj



REPORT SUMMARY

Oklahoma Board of Medical Licensure - Applicants - ONLINE - Standard Package 2017

Prepared for:

Oklahoma Board of Medical Licensure - Applicants - ONLINE, Default User
Requested on 4/13/2019 4:44:53 PM
Completed on 4/15/2019 3:10:35 PM

Subject of Report:

Name: Christina Marie Bourne

DOB: [REDACTED]

SSN: [REDACTED]

Address:

2963 La Solidar Way

SACRAMENTO, CA 95817

Email:

cbourne@ucdavis.edu

Applicant has requested a copy of their report

Report Summary:

County Criminal Search	Clear	4/13/2019 4:49:26 PM
County Criminal Search	Clear	4/15/2019 3:10:35 PM
Multi-County Criminal Search	Clear	4/15/2019 8:15:25 AM
Broadscreen Verify	Clear	4/13/2019 4:50:05 PM
CrimTRAK	Complete	

Compliance Notice to our valued landlords: Before taking an adverse action against the person named in this report you must provide him or her with a pre-adverse action notice, a copy of this report, and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." You must provide notice even if the information in the report plays only a small part in the overall decision. Additional notice requirements may apply in certain states. Trak-1 provides you with details about the content and format of these notices in the addendums to your Customer Service Agreement and at <http://www.peoplefacts.com/compliance>. For tools to help you generate these required notices refer to the top of the page you used to print this report.

Compliance Notice to our valued employers: Before taking an adverse action against the person named in this report you must provide him or her with a first pre-adverse action notice, a copy of this report, and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." You should provide the person a reasonable amount of time to respond to your notice. If after hearing the individual's response you determine to continue with the adverse action you must provide a second post-adverse action notice. You must provide notice even if the information in the report plays only a small part in the overall decision. Additional notice requirements may apply in certain states. Trak-1 provides you with the content and format of these required notices in the addendums to your Customer Service Agreement or at <http://www.peoplefacts.com/adverseaction>. For tools to help you generate these required notices refer to the top of the page you used to print this report.

Notice to All Users of This Report: This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. For further information about your obligations regarding adverse action, please refer to the Federal Trade Commission articles: "Using Consumer Reports: What Landlords Need to Know", <https://www.ftc.gov/tips-advice/business-center/guidance/using-consumer-reports-what-landlords-need-know> and "Using Consumer Reports: What Employers Need to Know" <https://www.ftc.gov/tips-advice/business-center/guidance/using-consumer-reports-what-employers-need-know> Failure to abide by your legal obligations may expose you to liability. For questions contact us at 7127 Riverside Parkway Tulsa, Oklahoma 74136, 800.600.8999.

34798
WD
PRIMARY
SOURCE



County Criminal Search

County Criminal Search

State: AZ County: PIMA

No Results Returned from Record Search

County Criminal Search

State: CA County: SACRAMENTO

No Results Returned from Record Search



Multi-County Criminal Search

Multi-County Criminal Search

State: OK

No Results Returned from Record Search



Broadscreen Verify

No Records Found
By Searching Multi-State Criminal, National Sex Offender, OFAC and Government Watch Lists

Pursuant to the California Penal Code 290.46, a person is authorized to use information disclosed in sex offender records only to protect a person at risk. These records cannot be used for purposes relating to any of the following: insurance, credit and loans, employment, education, and housing or accommodation for purposes other than to protect a person at risk.

Sexual offender registry searches are statewide searches of registered sex offender databases. Per state law, sex offenders must register each time they move domiciles. However, registrants may move and fail to notify proper law enforcement authorities of their change in residence. As a result, Trak-1 cannot guarantee the accuracy of the address information.

Trak-1 obtains a significant portion of its information from a variety of public record sources. Trak-1 reports only the most current information provided to Trak-1 by the public record source.

CrimTRAK Search Criteria	
Maximum Number of Years of Address History Searched	7
Maximum Number of County Searches Ordered	2
Actual Number of Counties Searched	2
State Omitted	OK
Counties Searched	
State	County
AZ	PIMA
CA	SACRAMENTO

Applicant Address History



SSN Validation Message
 FEDERAL ID NUMBER PROVIDED IS ISSUED IN AZ IN THE YEAR 1988
 SSN NOT FOUND IN DEATH MASTER FILE



- Aliases**
- BOURNE, CHRISTINA M
 - BOURNE, CHRISTINA
 - LIM, SOON HOE
 - LIM, SOON H



Date of Birth
 [REDACTED]

Address History

Name	Address	City	State	Zip	County	First Date	Last Date
CHRISTINA M BOURNE	2863 LA SOLIDAD WAY	SACRAMENTO	CA	95817	SACRAMENTO	11/1/2018	2/1/2019
CHRISTINA M BOURNE	1630 T ST 7	SACRAMENTO	CA	95811-7252	SACRAMENTO	6/1/2016	10/1/2018
CHRISTINA M BOURNE	250 W DOUGLAS AVE 1614	WICHITA	KS	67202-3121	SEDGWICK	11/1/2013	10/1/2015
CHRISTINA M BOURNE	1535 N JEANETTE AVE	WICHITA	KS	67203-2727	SEDGWICK	7/1/2012	7/1/2012
CHRISTINA M BOURNE	6451 ALAMO AVE 2W	SAINT LOUIS	MO	63105-3158	SAINT LOUIS	3/1/2011	3/1/2011
CHRISTINA M BOURNE	6237 SOUTHWOOD AVE	SAINT LOUIS	MO	63105-3251	SAINT LOUIS CITY	8/1/2010	8/1/2010
CHRISTINA M BOURNE	4545 FOREST PARK AVE A	SAINT LOUIS	MO	63108-2170	SAINT LOUIS CITY	9/1/2009	11/1/2010
CHRISTINA M BOURNE	761 W KO VAYA DR	TUCSON	AZ	85704-3209	PIMA	9/1/2003	4/1/2016
SOON HOE LIM	13148 W Ocotillo Rd 1066	GLENDALE	AZ	85307-3257	MARICOPA	3/1/1998	12/1/2009
SOON H LIM	14115 W STARFIGHTER ST	GLENDALE	AZ	85309-1869	MARICOPA	3/1/1998	3/1/1998
CHRISTINA BOURNE	1150 E 8TH ST	TUCSON	AZ	85719	PIMA		

PRACTITIONER PROFILE

Prepared for: Oklahoma Board of Medical Licensure and Supervision As of Date: 4/9/2019

PRACTITIONER INFORMATION

Name: Boume, Christina Marie
DOB: ██████████
Medical School: University Of Kansas School Of Medicine Wichita
Wichita, Kansas, UNITED STATES
Year of Grad: 2016
Degree Type: MD
NPI: 1033565395

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-150575	07/25/2017	05/31/2019	04/03/2019

**PRIMARY
SOURCE**

MD 34798
SJ

PRACTITIONER PROFILE

Prepared for: Oklahoma Board of Medical Licensure and Supervision As of Date: 4/9/2019

Practitioner Name: Bourne, Christina Marie

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

CHRISTINA MARIE BOURNE
2963 LA SOLIDAD WAY
SACRAMENTO, CA 95817-2932

Primary Office Address

MEDICAL DOCTOR
1860 HOWE AVE STE 455
SACRAMENTO, CA 95825-1086
Phone UNKNOWN

Birth date

[REDACTED]

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty

PSYCHIATRY/FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

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

AMA membership status

MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1033565395	05/05/2016	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2019

Current and/or historical medical school

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2016

PRIMARY SOURCE

AMA files checked
04/9/2019 15:36:32

AMA Physician Profile for Christina Marie Bourne, MD

Page 1 of 4

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MD 34798 SJ



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

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

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship) Training types for programs reported prior to 2016 will not include this designation.

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

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: UNIVERSITY OF CALIFORNIA (DAVIS) HEALTH SYSTEM
Sponsoring State: CALIFORNIA
Program name: UNIVERSITY OF CALIFORNIA DAVIS HEALTH PROGRAM
Specialty: PSYCHIATRY/FAMILY MEDICINE
Training Type: SPECIALTY
Dates: 6/2016 - 6/2021 (Verified)

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0

Specialty Board Certification

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

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

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



Certificate type:

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
----------	--------	----------------	-----------------	---------------	------------	---------------	----------------------

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2019 American Board of Medical Specialties. All right reserved.

Current and/or historical medical licensure

License No. MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
A00150575	MD CA	07/25/2017	05/31/2019		ACTIVE	UNLTD	04/02/2019

Action Notifications

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

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

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX142	22N 33N 4 5	07/31/2020	03/25/2019	Medical Doctor 1860 Howe Ave Ste 455 Sacramento, CA 95825-1086

Only the last three characters of active DEA numbers are displayed



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

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

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

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

101 NE 51st STREET

OKLAHOMA CITY OK 73105

Phone: (405) 962-1400 Fax: (405) 962-1440 email: Licensing@okmedicalboard.org

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

EVIDENCE OF STATUS - PART A

Date: 04/13/2019

Social Security #: [REDACTED]

License No.: CA - A150575

Medical license:

california

Driver's license: Y4189574

Full Legal Name: Chrstina M Bourne

Mailing Address: 2963 La Solidad Way

Sacramento CA 95817 (520) 247-8016

PRIMARY EVIDENCE OF CITIZENSHIP (FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- Birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico...
United States passport (checked)
Report of birth abroad of a U.S. citizen (FS-240)
Certificate of birth (FS-545)
Certificate of Naturalization (N-550 or N-570)
Certificate of Citizenship (N-560 or N-561)
United States Citizen Identification Card (I-197)
Northern Mariana Identification Card
Statement provided by a U.S. consular officer
American Indian Card with a classification code "KIC"
Alien Lawfully Admitted for Permanent Residence:
INS Form I-551
Unexpired Temporary I-551 stamp

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public) [Signature] Date 4/17/19

Subscribed and sworn before me this ___ day of ___, 20__

(SEAL) See Attached For Notary Public Notary Public Commission Number My Commission Expires

EVIDENCE OF STATUS - 3/17/17

MD 34798 VB

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

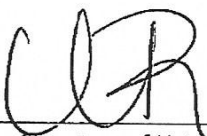
COUNTY OF Sacramento)

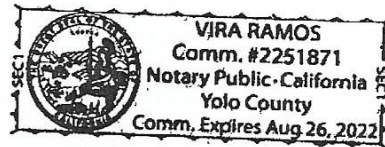
Subscribed and sworn to (or affirmed) before me on this 17th day of April, 2019
-Date Month Year

by Christina M. Bourne

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: 
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Evidence of Status - Primary Evidence of citizenship

Document Date: 3/17/17

Number of Pages: 1

Signer(s) Other Than Named Above: N/A

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE

MD 34798 JB

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



Type / Type / Tipo: P
Country / País / País: USA
Passport No. / No. / No.: 495297629

Surname / Nom / Apellido:

BOURNE

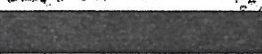
Given Names / Prénoms / Nombres:

CHRISTINA MARIE

Nationality / Nationalité / Nacionalidad:

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento:



Place of birth / Lieu de naissance / Lugar de nacimiento:

ARIZONA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición:

09 Oct 2012

Date of expiration / Date d'expiration / Fecha de caducidad:

08 Oct 2022

Endorsements / Hauts de Spécialité / Acreditaciones:

SEE PAGE 27

Sex / Sexe / Sexo:

F

Authority / Autorité / Autoridad:

United States

Department of State



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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105

Phone: (405) 962-1400 Fax: (405) 962-1440 email: Licensing@okmedicalboard.org

F. General Application Process

- 1 This office may contact other sources for verification of information contained in your application. Your application will not be considered complete until the EBC and all other requests for verification have been received.
- 2 Once complete, applications are circularized to Board members for consideration. If all Board members approve the application, a license may be issued. Should one or more Board member fail to approve on circularization, the application will be reviewed during the next regularly scheduled business meeting of the Board. Applications are not denied on circularization. The applicant will be notified if the application has been held and given the opportunity to meet with the Board to discuss his/her application.
- 3 Even though an application is complete and all requirements are satisfied, there is no guarantee that the Board will grant licensure. The Board may find exceptions or make discoveries that will cause them not to approve an application. In such an event, the Board will clearly state the basis upon which such exceptions have been made. The Board may, at its discretion, require further proof of clinical competency.
- 4 There is no way to determine how soon you will receive notification of a Board decision after you submit an application. Even though we feel the instructions and applications are thorough, should you have questions, you may contact the Licensing Department at (405) 962-1400.
- 5 We will send you a copy of the Board of Medical Licensure and Supervision Handbook upon receipt of your application. The Handbook contains the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, Oklahoma Administrative Code, information regarding Continuing Medical Education (CME) requirements, and other information regarding medical licensure in Oklahoma. You may also obtain this information from our web site: <http://www.okmedicalboard.org>.

G. Definitions

"Act" means the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. §480 et seq.

"APA" means either or both Article I and Article II, as applicable, of the Administrative Procedures Act, 75 O.S. 1991, §250 et seq., as amended.

"Applicant" means a person who applies for licensure from the Board.

"Board" means the Oklahoma State Board of Medical Licensure and Supervision.

"Foreign applicant" means an applicant who is a graduate of a foreign medical school.

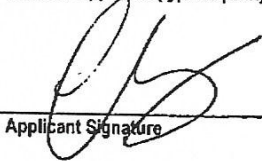
"Foreign medical school" means a medical school located outside of the United States.

"Secretary" means the Secretary of the Board.

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Christina Bourne

Name of Applicant (type or print)



Applicant Signature

04/13/2019

Date

Please return these instructions, signed, with your application to:

Oklahoma State Medical Board of Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

MS 34798
VB

04/09/2019

CHRISTINA MARIE BOURNE
1240 SW 44TH ST,
OKLAHOMA CITY, OK 73109

RE: MD Application #34798

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP95596402
Password:Last 4 SSN

Dear CHRISTINA BOURNE,

**YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE
OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.**

This deficiency list may or may not contain all required deficiencies. Please **allow 5 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. an updated deficiency list to be emailed to you. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1400 Ext 170.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

PostGrad - Form 2 UNIVERSITY OF CALIFORNIA, DAVIS
USMLE Exams Incomplete
Evidence of Status
INSTRUCTION SHEET
OATH
Extended Background Check
Time DEFICIENCIES: 5/2004-5/2006
OTHER DEFICIENCIES: YOUR APPLICATION SHOWS THAT YOUR GD FROM BROWN SHCOOL,
MO IS BEFORE YOUR UG ;PLEASE CLARIFY
Exam verification date
MedSchool-Form 1 Univ Of KS Sch Of Med, Wichita KS 67214
MedSchool-Transcript Univ Of KS Sch Of Med, Wichita KS 67214

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:
<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP95596402 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1400 ext 170.

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

Form #1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

Send or take this form to the Medical School from which you graduated for verification of your graduation. This form must be completed and mailed directly to the Board by the Medical School.

I, Caroline Scala, DO HEREBY CERTIFY THAT THE APPLICANT,
Name of educator

Christina Bourne ATTENDED The University of Kansas
Name of applicant Name of institution

LOCATED IN Kansas City, Ks, USA
City State Country

FROM 07 / 30 / 2012 TO 05 / 07 / 2016
mo. day year mo. day year

AND WAS AWARDED THE DEGREE: Doctor of Medicine
05/15/2016

I do hereby certify that, at the time of graduation, there was no suspension, probation or other disciplinary action in effect or pending involving this graduate, and to the best of my knowledge he/she was competent to practice medicine.

Carlyle
Signature (Must be an original signature. Proxy or signature stamp will not be accepted.)

SEAL

Associate Registrar
Title

PRIMARY SOURCE

04/24/2019
Date

If the medical school has no seal, the signature of the author of this form must be notarized.

MDONE (08/02)

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APR 30 2019

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

34798
VB

“ ”
Seema Jayachand

From: Christina Marie Bourne <cbourne@ucdavis.edu>
Sent: Saturday, April 13, 2019 6:06 PM
To: Seema Jayachand
Subject: [EXTERNAL]Re: Oklahoma MD Application #34798 Deficiencies

Hello,

Thank you all for such a quick response! Also, I was able to speak with someone over the phone a few minutes ago, they were so helpful and it is nice to be able to touch base on the phone with someone over the weekend. Thank you for providing that service.

Regarding the deficiencies:

PostGrad - Form 2 UNIVERSITY OF CALIFORNIA, DAVIS
- I sent this to my program director today, they will mail you all this form

USMLE Exams Incomplete
- Step 1, 5/9/14, failed, score: 184
- Step 1, 7/15/14, score: passed, 214
- Step 2 CK, 8/25/15, score: passed 225
- Step 2 CS, 8/4/15, passed
- Step 3 2/23/17-2/24/17, passed, score: 202

Evidence of Status - will mail this

INSTRUCTION SHEET - will mail this

OATH - will mail this

Extended Background Check - Submitted this today, transaction ID 19D78206B7807393W

Time DEFICIENCIES: 5/2004-5/2006

- During this time period I was at University of Arizona and Pima Community College in Tucson, Arizona doing my undergraduate degree in Nutrition

OTHER DEFICIENCIES: YOUR APPLICATION SHOWS THAT YOUR GD FROM BROWN SHCOOL, MO IS BEFORE YOUR UG ;PLEASE CLARIFY

- I was in graduate school from 5/2009-6/2011 doing my MPH at The Brown School at Washington University in St. Louis

- I then started a Post-Baccalaureate Program at the University of Kansas through the School of Medicine from 6/2011-5/2012, where I retook some undergraduate classes during this time

Exam verification date

- Dates above, let me know if you all need more information

MedSchool-Form 1 Univ Of KS Sch Of Med, Wichita KS 67214

MedSchool-Transcript Univ Of KS Sch Of Med, Wichita KS 67214

- I will message my medical school and have them mail them to you all

MD 34798
SJ

Thanks again! Look forward to getting this done! I appreciate your diligence and hardwork,

Christina Bourne, MD, MPH
UCDavis Family Medicine and Psychiatry
Preferred pronouns: she/her/hers

From: Seema Jayachand <sjayachand@okmedicalboard.org>

Sent: Tuesday, April 9, 2019 1:52:39 PM

To: Christina Marie Bourne

Subject: Oklahoma MD Application #34798 Deficiencies

We have received your Oklahoma MD License Application. Attached is a letter listing the required items we have not yet received. It also includes a Username and instructions for checking the status of your application online.