Medical Quality Assurance Commission
Physician Application Worksheet

Name: Brianne Huffstetler Rowan | Date of Birth: 1/1/1990

Date Received: 5/23/19 | Temp Issued: | Number: | Closed:

6/6/19	WSP Check	X	Fee	X	Photo	X	Data1-13	X	AIDS	X	Attes	X	SSN		EBHAR

Chronology Complete:

MISSING: ____ to ____; ____ to ____; ____ to ____

FSMB	AMA	ECFMG	FBI REPORT
5/19/19 ✓	5/29/19 ✓		

Personal Data "Yes"s	Documentation Received

Malpractice Cases

	Synopsis	Disposition
1		
2		
3		
4		
5		
6		
7		

Medical School

Name: University of WA | Year of Degree: 2017 | 5/20/19 Transcripts ✓ | Translations:

Examination Type: National | FLEX | ■ USMLE | State Exam | LMCC | 5/14/19 Scores Received ✓

Post Graduate Training Programs

Received	Training Programs
6/19/19	UW Fam Med 7/2017-6/2020 ✓

Post Graduate Training Programs

Received	Training Programs

Received	State

Received	Hospital verification

Received	Hospital verification

Approved: [signature] Signature | 7/30/19 Date ✓

Comments:

89962 PHYSICIAN & SURGEON

5/23/19
CREDIT CARD

Washington State Department of Health
REVENUE SECTION

#166
ST 0763374

PRINT NAME Brianne Huffstetler Rowan MD app

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 0000

11 2 18 2 11

$166.00

2182-5/24/2019 11:04:18 AM-661

Washington State Department of Health

RECEIVED
MAY 24 2019
MEDICAL COMMISSION

Background Check Processed
Background
JUN 06 2019
Stamp
NPDB/WSP
MEDICAL COMMISSION

HSQA
RECEIVED
Stamp
MAY 23 2019
Here
COUNTER

Revenue 0252090000

Medical Practice License Application for MDs only

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

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	☐ Male ☒ Female
[redacted] 22 Licensee SSN	1184 1655 81	

Name First	Middle	Last
Brianne	Deborah	Huffstetler Rowan

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country
01/01/1990	Roseburg	OR	USA

Address: Tacoma Family Medicine Residency Program
521 Martin Luther King Jr. Way

City	State	Zip Code	County
Tacoma	WA	98405	Pierce

Country: USA

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
253-403-2938	253-403-2977	

Email address: BrianneRowan@gmail.com

Mailing address if different from above address of record: Same

City	State	Zip Code	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 on file with the department.

Have you ever been known under any other name(s)? ☒ Yes ☐ No
If yes, list name(s): Brianne Deborah Rowan

Will documents be received in another name? ☐ Yes ☒ No
If yes, list name(s):

Medical Specialty

Medical school	Year of Graduation
University of Washington, SOM	2017

Medical Specialty: Family Medicine

ML 60765250 17267796

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety? ..... ☐ ☒

If yes, please attach any supporting documentation and a detailed explanation

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

You may answer No if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or conditions and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring.

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

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.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

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 six months.

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

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.

3. 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 any state or jurisdiction? ..... ☐ ☒

Note: If you answered "yes" to question 3, 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 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
4. 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?	☐	☒
5. 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?	☐	☒
6. 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?	☐	☒
7. Have you ever surrendered a credential like those listed in number 6, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☒
8. 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?	☐	☒
9. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	☐	☒
10. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☒
11. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	☐	☒
12. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☒
13. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☒

3. Education

List all Medical School Education

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 mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
University of Washington School of Medicine	MD; MPH	5	09/2012	06/2017
Postgraduate training (list all programs attended)				
Tacoma Family Medicine Residency Program	—	2	07/2017	current

4. Professional Experience

In date order, most recent to later, 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.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
N/A			

5. Hospital Privileges (Excluding postgraduate training hospital privileges.)

Excluding postgraduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy
N/A		

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. **Please provide verification directly from the state(s) that you have listed in this section.**

State	Date license issued	License Number	Status of license	Any limitations on license
WA	06/03/2017	ML 60765250	active	☒ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours 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.

If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's initials	Date
BHR	5/14/19

8. Applicant's Photograph

Photo Here

Height 5' 3"

Weight 120 lbs.

Hair color Red

Color of eyes Brown

Signature Brandt Rowan

Date of Photo 5/14/19

9. Applicant's Attestation

I, Brianne Huffstetler Rowan, 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 have read all laws and rules related to my profession.

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 05/14/2019 at Tacoma, WA
(mm/dd/yyyy) (City, state)

By: Brianne H Rowan
(Signature of applicant)

UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT

The institution name and the word COPY appear as a latent image.
A BLACK ON WHITE OR A COLOR COPY IS NOT OFFICIAL.

STUDENT NAME: HUFFSTETLER ROWAN,BRIANNE D
HIGH SCHOOL:
HS GRAD:
DATE PRINTED: 05/14/19
PAGE: 1

STUDENT NUMBER: 1222122
SOC. SEC. NO.: 22 Licensee SSN
BIRTHDATE: 01/01/XX
WASHINGTON RESIDENCY: RESIDENT
SEX: WEB
70

CLASSIFICATION: 4TH YR PROF
COLLEGE / MAJOR: Medicine
MEDICINE
CURRENT STATUS:

****
* ANY ALTERATION OR MODIFICATION OF THIS RECORD *
* OR ANY COPY THEREOF MAY CONSTITUTE A FELONY *
* AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. *
****

UNIVERSITY OF WASHINGTON DEGREES EARNED:
MASTER OF PUBLIC HEALTH (GLOBAL HEALTH: GENERAL TRACK)
SUMMER 2016 (08/19/16)
UW: 71.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 3.99

Workforce Patterns and the PMTCT Option B Cascade in C te d'Ivoire

DOCTOR OF MEDICINE
SPRING 2017 (06/09/17)
WITH HIGH HONORS IN MEDICINE
UW:283.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00

PRIOR DEGREE:
JUNIATA COLLEGE
DEGREE: BS 5/12

COMMENT:
STUDY IN VIETNAM:INDEPENDENT LEARNING(THAI NGUYEN)

COURSE		TITLE	CREDITS	GRADE
		AUTUMN 2012	MED	11
FAMED	502	P-PRCLN CONT PRCTRSP	1.0	CR
G H	562	AIDS MULTIDISC APPR	2.0	CR
HUBIO	510	P-MICRO ANAT HISTO	6.0	P
HUBIO	511	P-GROSS ANAT&EMBRY	13.0	P
HUBIO	513	P-INTRO CLIN MED	3.0	P
HUBIO	514	P-BIOCHEM I-A	4.0	P
HUBIO	516	P-SYS HU BEHAV	5.0	P
HUBIO	590	P-MD INFO DCSN MKNG	1.0	P
	QTR	ATTEMPTED: 33.0 EARNED: 33.0 GPA: 0.00		
		WINTER 2013	MED	11
FAMED	502	P-PRCLN CONT PRCTRSP	1.0	CR
HUBIO	512	P-MECH CELL PHYSIOL	5.0	P
HUBIO	522	P-INTRO CLIN MED	4.0	P
HUBIO	523	P-INTRO IMMUNOLOGY	2.0	P
HUBIO	524	P-BIOCHEM I-B	4.0	P
HUBIO	553	P-MUSCULOSKELETAL	4.0	P
UCONJ	450	COMMUNITY HLTH CARE	1.0	CR
	QTR	ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00		
		SPRING 2013	MED	11
G H	561	TROPICAL MEDICINE	1.0	CR
HUBIO	532	P-NERVOUS SYSTEM	8.0	P
HUBIO	534	P-MICROBIOLOGY I-B	9.0	P
HUBIO	535	P-INTRO CLIN MED	4.0	P
PEDS	505	P-PRECEP IN PEDS	1.0	CR
	QTR	ATTEMPTED: 22.0 EARNED: 22.0 GPA: 0.00		
		SUMMER 2013	MED	12
G H	572	FLDWRK PREP/REENTRY	2.0	CR
HUBIO	595	P-III-IHOP	8.0	CR
	QTR	ATTEMPTED: 8.0 EARNED: 8.0 GPA: 0.00		
QUARTER COMMENT: STUDY IN VIETNAM				
		AUTUMN 2013	MED	12
HUBIO	540	P-CARDIOVASC SYS	6.0	P
HUBIO	541	P-RESPIRATORY SYS	4.0	P
HUBIO	542	P-INTRO CLIN MED	4.0	P
HUBIO	543	P-PRIN PHARM I	5.0	P
HUBIO	547	P-PATHOLOGY IIA	5.0	P
HUBIO	548	P-CLINICAL ETHICS	1.0	P
HUBIO	562	P-URINARY SYSTEM	4.0	P
MED	515	MEDICINE AS CULTURE	1.0	CR
	QTR	ATTEMPTED: 30.0 EARNED: 30.0 GPA: 0.00		
		WINTER 2014	MED	12
G H	571	CLINICAL CARE LICS	2.0	CR
HUBIO	530	P-CLIN EPIDEMIOLOGY	2.0	P
HUBIO	550	P-INTRO CLIN MED	4.0	P
HUBIO	552	P-HEMATOLOGY	3.0	P
HUBIO	554	P-GENETICS	2.0	P
HUBIO	555	P-MED HLTH & SOC	3.0	P
HUBIO	556	P-HORMONES NUTRIENT	4.0	P
HUBIO	557	P-PATHOLOGY IIB	2.0	P
HUBIO	558	P-RHEUMATOLOGY	1.0	P
	QTR	ATTEMPTED: 21.0 EARNED: 21.0 GPA: 0.00		
		SPRING 2014	MED	12
FAMED	556	SPAN HEALTH PROF	1.0	CR
HUBIO	551	P-G I SYSTEM	4.0	P
HUBIO	560	P-INTRO CLIN MED	5.0	P
HUBIO	565	P-REPRODUCTION	4.0	P
HUBIO	566	P-PATHOLOGY IIC	3.0	P
HUBIO	567	P-SKIN SYSTEM	2.0	P
HUBIO	569	P-MIND BRAIN BEHAVR	6.0	P
	QTR	ATTEMPTED: 25.0 EARNED: 25.0 GPA: 0.00		
		SUMMER 2014	MED	13
PBSCI	662	PSYCH MISSOULA	12.0	H
SURG	670	RS-MISSOULA CLERKSHIP	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		
		AUTUMN 2014	MED	13
FAMED	665	P-CLCLK FAMED MISOU	12.0	H
OB GYN	676	RS-P-OBGYN MISSOULA	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		
		WINTER 2015	MED	13
MEDRCK	676	P-CLK SEA-MIS	24.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		

*** CONTINUED ON PAGE 2 ***

RECIPIENT

WA DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COM.
P.O. BOX 47866
OLYMPIA, WA 98504-7866

This official university transcript does not require a raised seal.

Helen B. Garrett
University Registrar

UNIVERSITY OF WASHINGTON
Office Of the Registrar Box 355850
Seattle, Washington 98195-5850
206-543-8580

UoW 1552 (Rev. 1/15)

EXPLANATORY NOTES

TRANSCRIPT OF ACADEMIC RECORD
The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

AUTHENTICATION OF THIS TRANSCRIPT:
A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is purple. Further authentication may be obtained by calling the UW Registration/Transcript Office at (206) 543-8580. The institutional name and the word COPY appear on alternative rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown.

ACADEMIC CALENDAR:
The academic year is comprised of three quarters – autumn, winter, spring – each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (incomplete); N (satisfactory without grade), S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduate and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter H designate honors courses. W designate writing courses, and S designate service learning courses. A course title preceded by the letter R designates a course with a research component.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.1 (B+); 3.0-2.9 (B); 2.8-2.5 (B-); 2.4-2.1 (C+); 2.0-1.7 (C); 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average, but credit will be allowed only once. /R indicates that the first grade was greater or equal to a 2.0 and the second grade does not count in the grade point average and credit is not allowed. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Effective winter 2005, /R indicates that a course is repeated. Grades for both courses are calculated in the grade point average. Grades for courses repeated more than once are not included in the grade point average. Credit is allowed only once.

Beginning autumn 1987, /R designates a foreign language course initially taken in high school and used as the language of admission. Credit is not allowed and the grade is not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:
Effective autumn 1998, for entering first year Law students: Letter grades: A (4.0), A- (3.7), B+ (3.4), B (3.0), B- (2.7), C (2.0), D (1.0), E (0.0), CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). For Law students entering prior to autumn 1998: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR, NC, I, N, W, HW. Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, and W. GPA calc began Aut 05 for students (JD only) enrolled as of Spr 07.

SCHOOL OF MEDICINE:
Letter grades : H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added. Effective autumn 2002, S, NS were discontinued.

SCHOOL OF PHARMACY:
Numeric grades : 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7.

COURSE LEVEL:
Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT

The institution name and the word COPY appear as a latent image.
A BLACK ON WHITE OR A COLOR COPY IS NOT OFFICIAL.

STUDENT NAME	HIGH SCHOOL	HS GRAD	DATE PRINTED	PAGE
HUFFSTETLER ROWAN,BRIANNE D			05/14/19	2

STUDENT NUMBER	SOC SEC NO	BIRTHDATE	WASHINGTON RESIDENCY	SEX	
1222122	22 Licensee	01/01/XX	RESIDENT	WEB	70

CLASSIFICATION	COLLEGE / MAJOR	CURRENT STATUS
4TH YR PROF	Medicine MEDICINE	

COURSE		TITLE	CREDITS	GRADE
********** ANY ALTERATION OR MODIFICATION OF THIS RECORD * OR ANY COPY THEREOF MAY CONSTITUTE A FELONY * AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. **********				
		SPRING 2015	MED	13
NEURL	637	P-INT NEURL-MISSOU1	8.0	H
PEDS	665	RS-P-PED GEN CLKSHIP	12.0	H
	QTR	ATTEMPTED: 20.0 EARNED:	20.0 GPA:	0.00
		SUMMER 2015	MED	14
MEDECK	617	P-HMC EVE CLINIC SEA	2.0	H
OB GYN	681	RS-P-GYN/ONCOLGY ELECT	8.0	H
	QTR	ATTEMPTED: 10.0 EARNED:	10.0 GPA:	0.00
		AUTUMN 2015	MED C	8
BIOST	511	MED BIOMETRY I	4.0	3.9
EPI	511	W-INTRO TO EPIDEMIOL	4.0	4.0
G H	511	PROBS IN GLOBL HLTH	4.0	4.0
G H	593	MPH WORKSHOP	1.0	CR
MEDECK	617	P-HMC EVE CLINIC SEA	2.0	H
UCONJ	599	CLIN RESEARCH SEM	1.0	CR
	QTR	ATTEMPTED: 16.0 EARNED:	16.0 GPA:	3.97
		WINTER 2016	MED C	8
BIOST	512	MED BIOMETRY II	4.0	4.0
ENV H	511	ENV OCCUP HEALTH	3.0	4.0
G H	522	GLBL PRG MGMT & LDR	3.0	4.0
G H	531	GH RES & EVAL MTHDS	4.0	4.0
G H	593	MPH WORKSHOP	1.0	CR
MEDECK	617	P-HMC EVE CLINIC SEA	2.0	H
UCONJ	599	CLIN RESEARCH SEM	1.0	CR
	QTR	ATTEMPTED: 18.0 EARNED:	18.0 GPA:	4.00
		SPRING 2016	MED C	8
BIOST	513	MED BIOMETRY III	4.0	4.0
G H	538	QUAL HEALTH METHODS	5.0	4.0
G H	593	MPH WORKSHOP	1.0	CR
G H	700	MASTER'S THESIS	1.0	CR
HSERV	510	SOCIETY AND HEALTH	3.0	4.0
MEDECK	617	P-HMC EVE CLINIC SEA	2.0	H
UCONJ	599	CLIN RESEARCH SEM	1.0	CR
PEDS	611	P-FREETEEN CLINIC	1.0	P
	QTR	ATTEMPTED: 18.0 EARNED:	18.0 GPA:	4.00
		SUMMER 2016	MED C	8
CONJ	683	P-CHC PC-UWPC	8.0	H
FAMED	688	P-FAM MED SUB-I	8.0	H
G H	700	MASTER'S THESIS	8.0	CR
MED EM	606	RS-P-EMER MED HMC/UW	8.0	H
PEDS	611	RS-P-FREETEEN CLINIC	1.0	P
UCONJ	517	RS-INTERDIS CLIN RES	2.0	CR
	QTR	ATTEMPTED: 35.0 EARNED:	35.0 GPA:	0.00

COURSE		TITLE	CREDITS	GRADE
---------- DEGREE EARNED 08/19/16 ---------- MASTER OF PUBLIC HEALTH (GLOBAL HEALTH: GENERAL TRACK) UW: 71.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 3.99				
		WINTER 2017	MED	14
OB GYN	682	P-HI RISK OB	8.0	H
PEDS	670	RS-P-PED INFEC DIS	8.0	H
PEDS	699	RS-P-WWAMI PEDS ELECT	4.0	P
	QTR	ATTEMPTED: 20.0 EARNED:	20.0 GPA:	0.00
		SPRING 2017	MED	14
HUBIO	600	P-CAPSTONE COURSE	2.0	P
	QTR	ATTEMPTED: 2.0 EARNED:	2.0 GPA:	0.00
---------- DEGREE EARNED 06/09/17 ---------- DOCTOR OF MEDICINE WITH HIGH HONORS IN MEDICINE UW:283.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00				

****
CUMULATIVE CREDIT SUMMARY:

UW CREDITS ATTEMPTED	283.0	UW CREDITS EARNED	283.0
UW GRADED ATTEMPTED	0.0	EXTENSION CREDITS	0.0
UW GRADED EARNED	0.0	TRANSFER CREDITS	0.0
UW GRADE POINTS	0.0		
UW GRADE POINT AVG.	0.00	CREDITS EARNED	283.0

********** END OF RECORD **********

RECIPIENT

WA DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COM.
P.O. BOX 47866
OLYMPIA, WA 98504-7866

This official university transcript does not require a raised seal.

Helen B. Garrett
University Registrar

UNIVERSITY OF WASHINGTON
Office Of the Registrar Box 355850
Seattle, Washington 98195-5850
206-543-8580

UoW 1512 (Rev. 1/15)

EXPLANATORY NOTES

TRANSCRIPT OF ACADEMIC RECORD
The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

AUTHENTICATION OF THIS TRANSCRIPT:
A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is purple. Further authentication may be obtained by calling the UW Registration/Transcript Office at (206) 543-8580. The institutional name and the word COPY appear on alternative rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown.

ACADEMIC CALENDAR:
The academic year is comprised of three quarters – autumn, winter, spring – each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (incomplete); N (satisfactory without grade), S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduate and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter H designate honors courses. W designate writing courses, and S designate service learning courses. A course title preceded by the letter R designates a course with a research component.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.1 (B+); 3.0-2.9 (B); 2.8-2.5 (B-); 2.4-2.1 (C+); 2.0-1.7 (C); 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average, but credit will be allowed only once. /R indicates that the first grade was greater or equal to a 2.0 and the second grade does not count in the grade point average and credit is not allowed. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Effective winter 2005, /R indicates that a course is repeated. Grades for both courses are calculated in the grade point average. Grades for courses repeated more than once are not included in the grade point average. Credit is allowed only once.

Beginning autumn 1987, /R designates a foreign language course initially taken in high school and used as the language of admission. Credit is not allowed and the grade is not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:
Effective autumn 1998, for entering first year Law students: Letter grades: A (4.0), A- (3.7), B+ (3.4), B (3.0), B- (2.7), C (2.0), D (1.0), E (0.0), CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). For Law students entering prior to autumn 1998: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR, NC, I, N, W, HW. Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, and W. GPA calc began Aut 05 for students (JD only) enrolled as of Spr 07.

SCHOOL OF MEDICINE:
Letter grades : H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added. Effective autumn 2002, S, NS were discontinued.

SCHOOL OF PHARMACY:
Numeric grades : 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7.

COURSE LEVEL:
Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

UNIVERSITY OF WASHINGTON
OFFICE OF THE University REGISTRAR
Box 355850
Seattle, Washington 98195-5850

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FIRST CLASS

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44 ESF-IAB 98504

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 Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION

Date: 05/14/2019

Examinee: Huffstetler Rowan, Brianne D
Alt Name(s): Rowan, Brianne Deborah

Examinee ID: 5-328-621-7
Date of Birth: 01/01/1990

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
06/27/2014	Pass	252	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/21/2015	Pass	266	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
09/12/2015	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/24/2018	Pass	245	(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.

RECEIVED

JUN 19 2019

MD

MEDICAL COMMISSION

Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360-236-2750

Postgraduate Training Program Director Verification and Evaluation of Training

To be completed by the applicant:

Facility name Tacoma Family Medicine Residency

Address 521 MLK Jr. Way Tacoma, WA 98405

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 postgraduate 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 above. **All questions must be answered.**

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
Brianne Huffstetler Rowan	01/01/1990
Signature of applicant [signature]	

To be completed by the facility/agency/program:

1. Brianne Huffstetler Rowan (Applicant Name (Print or type)) was or was engaged in postgraduate training in our program Tacoma Family Medicine from Beginning date (month/year) 07/01/2017 to Ending date (month/year) anticipated 06/30/2020 in the field of Family Medicine

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 ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

   If yes, please explain _____

4. Did this applicant successfully complete this training program? ☐ Yes ☐ No
   ☒ in process OR ☒ expected date of completion 06/30/2020

(SEAL)

Signature [signature] for

Title Program Director

Email Kerry.Watrin@multicare.org

Address 521 MLK Jr. Way
Tacoma, WA 98405

Date 06/17/2019 Phone 253-403-2938

Return directly to the address listed above

DOH 657-121 August 2018

RECEIVED

JUN 28 2019

MEDICAL COMMISSION

MD

Washington State Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360-236-2750

Postgraduate Training Program Director Verification and Evaluation of Training

To be completed by the applicant:

Facility name Tacoma Family Medicine Residency

Address 521 MLK Jr. Way Tacoma, WA 98405

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 postgraduate 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 above. **All questions must be answered.**

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
Brianne Huffstetler Rowan	01/01/1990
Signature of applicant Brianne H Rowan	

To be completed by the facility/agency/program:

1. Brianne Huffstetler Rowan (Applicant Name (Print or type)) was engaged in postgraduate training in our program Tacoma Family Medicine from Beginning date (month/year) 07/01/2017 to Ending date (month/year) anticipated 06/30/2020 in the field of Family Medicine
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 ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

   If yes, please explain _____
4. Did this applicant successfully complete this training program? ☐ Yes ☐ No
   ☒ in process OR ☒ expected date of completion 06/30/2020

(SEAL)

Signature for Kerry Watrin

Title Program Director

Email Kerry.Watrin@multicare.org

Address 521 MLK Jr. Way
Tacoma, WA 98405

Date 06/17/2019 Phone 253-403-2938

Return directly to the address listed above

DOH 657-121 August 2018

AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

Name and Mailing Address

BRIANNE DEBORAH HUFFSTETLER ROWAN
4501 JACKMAN ST
PORT TOWNSEND, WA 98368-2166

Primary Office Address

LIMITED TO TACOMA FAMILY MEDICINE RESIDE
521 MARTIN LUTHER KING JR WAY
TACOMA, WA 98405-4238

Phone UNKNOWN

Birth date 01/01/1990

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

Self-designated practice specialty 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
1184165581	03/17/2017	NOT RPTD	NOT RPTD	NOT RPTD	05/15/2019

Current and/or historical medical school

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2017

AMA
AMERICAN MEDICAL ASSOCIATION

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: MULTICARE HEALTH SYSTEM
Sponsoring State:
Program name: MULTICARE HEALTH SYSTEM (TACOMA) PROGRAM
Specialty: FAMILY MEDICINE
Training Type: SPECIALTY
Dates: 7/2017 - 6/2020 (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:

AMA
AMERICAN MEDICAL ASSOCIATION

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.

Current and/or historical medical licensure

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
ML60765250	MD	WA	06/03/2017	07/31/2019	05/21/2018	ACTIVE	LTD	05/01/2019

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
XXXXXX825	22N 33N 4 5	10/31/2020	05/22/2019	Limited To Tacoma Family Medicine Reside 521 Martin Luther King Jr Way Tacoma, WA 98405-4238

Only the last three characters of active DEA numbers are displayed

AMA
AMERICAN MEDICAL ASSOCIATION

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.ecfmg.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.

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	Washington Medical Commission	As of Date:5/28/2019

PRACTITIONER INFORMATION

Name:	Huffstetler Rowan, Brianne D
Alternate Name(s):	Rowan, Brianne Deborah
DOB:	1/1/1990
Medical School:	*University of Washington School of Medicine* Seattle, Washington, UNITED STATES
Year of Grad:	2017
Degree Type:	MD
NPI:	1184165581

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
WASHINGTON	ML60765250	06/03/2017	07/31/2019	04/30/2019

PRACTITIONER PROFILE

Prepared for:	Washington Medical Commission	As of Date:5/28/2019
Practitioner Name:	Huffstetler Rowan, Brianne D	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

Medical Quality Assurance Commission
Limited License Application Worksheet

Name BRIANNE HUFFSTETLER ROWAN Date of Birth 1/1/1990

Date Received 5/16/17

5/22 WSP Check	x Fee	x Photo	x Data1-13	x AIDS	x Attest	x SSN	x SS# letter

Chronology Complete

Missing: _____ to _____; _____ to _____; _____ to _____

- [x] Residency
- [ ] Institution
- [ ] Fellowship
- [ ] City/County
- [ ] Teaching/Research

FSMB

AMA

Personal Data "Yes"s	Documentation Received

Malpractice Cases	Synopsis	Disposition
1		
2		
3		
4		

Medical School

Name U OF WA Year of Degree Jun-17 [redacted] Transcripts [ ] Translations

Received	Post Graduate Training Programs

Received	Post Graduate Training Programs

Received	State Licensure

Received	Hospital Privileges

Received 5/16/17

Program/Employment Verification

TACOMA FAMILY -07/01/17 ✓

Approved Dan Mongo

Signature

6/3/17

Date

Comments:

5/16/17

CREDIT CARD

Washington State Department of Health

PHYSICIAN & SURGEON

ST 39713
REVENUE SECTION

PRINT NAME ~~Brianne Huffstetler~~ Rowan
MD APP

RETURN THIS PORTION
WITH CHECK & APPLICATION
58961

1F 0252090000 00236

$391.00

4041-5/17/2017 11:08:11 AM-001

Washington State Department of Health

Background Check Processed

CRED MAY 30 2017 Stamp

RECEIVED MAY 17 2017 WSP DEPARTMENT OF HEALTH MEDICAL COMMISSION

HSQA RECEIVED MAY 16 2017 COUNTER

Revenue 0252140000

Limited Physician & Surgeons License Application

☒ Resident Physician ☐ Teaching/Research ☐ Institutional
☐ Fellowship (2 year limit) ☐ County/City Health Department

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN)
(If you do not have a SSN, see instructions)
22 Licensee SSN

National Provider Identifier Number (NPI)
(Enter 10 digit number)
1184165581

☐ Male ☒ Female

Name	First	Middle	Last
	Brianne	Deborah	Huffstetler Rowan

Birth date (mm/dd/yyyy)	Place of Birth		
	City	State	Country
01/01/1990	Roseburg	OR	USA

Address: 521 Martin Luther King Jr. way

City	State	Zip Code	County
Tacoma	WA	98405	Pierce

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
253-403-2938	253-403-2968	

Email Address: brianerowan@gmail.com

Have you ever been known under any other name(s)? If yes, list name(s):
Briann Deborah Rowan, Brianne Deborah Rowan

Will documents be received in another name? If yes, list name(s):
No

Institution or Training Program Information (Required)

Institution/Program Name: Tacoma Family Medicine Residency Program

Institution/Program Mailing Address: 521 Martin Luther King Jr. Way

City	State	Zip Code	County
Tacoma	WA	98405	Pierce

Medical Specialty

Medical school: University of Washington School of Medicine

Medical Specialty: Family Medicine

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 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, intellectual disabilities, 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.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

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 any state or jurisdiction?	☐	☒

Note: If you answered "yes" to question 5, 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 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?	☐	☒
15. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☒

3. Medical Education and Experience

Provide a chronological listing of your educational preparation and postgraduate training. If you need more space, attach a 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 (mm/yyyy)	End (mm/yyyy)
Medical education (list all medical schools attended)				
University of Washington School of Med.	M.D., M.P.H	5	08/2012	06/2017
Postgraduate training (list all programs attended)				
N/A				

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 more space, attach a 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 Verification

Excluding postgraduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
N/A		

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. Please provide verification directly from the state(s) that you have listed in this section.

State	Date license issued	License Number	Status of license	Any limitations on license
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours 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. If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials	Date
BHR	3/21/17

8. Applicant's Photograph

Photo Here

Height 5'3"

Weight 120 lbs

Hair color Red

Color of eyes Brown

Signature Brianne Hoffpauter Rowan

Date of Photo November 2016

9. Applicant's Attestation

I, Brianne Huffstetler Rowan , 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 have read all laws and rules related to my profession.

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 March 21 2017 at Seattle WA
(city, state)

By: Brianne Huffstetler Rowan
Signature of applicant

UW Medicine
SCHOOL OF MEDICINE

Office of the Dean

Academic Affairs

1959 NE Pacific St.

Box 356340

Seattle, WA 98195

(206) 543-5560

FAX: (206) 616-3341

Department of Health
Medical Quality Assurance
Commission
PO Box 47866
Olympia, WA 98504-7866

4/6/2017

To Whom It May Concern:

This is to certify that Brianne Huffstetler Rowan has satisfactorily completed the requirements of the Doctor of Medicine degree and will graduate from the University of Washington with a Doctor of Medicine degree on June 9th, 2017.

If you have any questions or concerns regarding this student please contact me at the address listed above.

Sincerely,

Maggie Tarnawa

Maggie Tarnawa
Registrar Specialist
UW School of Medicine

Washington State Department of Health

LMT

Resident Physician Limited License

This certifies the appointment of the following individual who is being recommended for a limited license in Washington State.

Name of Resident Physician* Brianne Huffstetler Rowan

Name of training program/specialty Tacoma Family Medicine

Name of sponsoring institution MultiCare Health System

Beginning date 07/01/2017
mm/dd/yyyy

Signature _____
Director of Program

Is this an ACGME Program? ..... Yes ☒ No ☐

* Resident 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.

Note: The issuance of a limited license does not allow the individual to engage in the practice of medicine outside the supervision of the postgraduate clinical medical training program.

Nimon, Lori (DOH)

From: Nimon, Lori (DOH)
Sent: Thursday, June 01, 2017 10:33 AM
To: 'briannerowan@gmail.com'
Subject: Pending Limited License MDRE60765250

June 01, 2017

Dear Dr. Huffstetler Rowan,

This is to acknowledge receipt of your application to obtain a limited license in the state of Washington.

Your application and fee of $391.00 was received on 05/17/207

MISSING ITEMS

Need Transcripts OR a letter from your schools Registrar indicating that you are on track to graduate and the date of graduation.

If you have any further questions or need additional information, please feel free to call me at (360) 236-2765 email me at lori.nimon@doh.wa.gov , or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Lori Nimon
Health Services Consultant 1
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA. 98504
lori.nimon@doh.wa.gov
(360) 236-2765 ☎
(360) 236-2795 🖷

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education."

Redaction Date: 5/13/2021 8:52:55 AM

Redaction Log

Total Number of Redactions in Document: 4

Redaction Reasons by Page

Page	Reason	Description	Occurrences
4	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
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

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	4(1) 10(1) 12(1) 27(1)