Medical Quality Assurance Commission
Physician Application Worksheet

Name: AHN-CHI DO | DOB: 7/14/1990

Date Received: 6/1/18 | Temp Issued: | Number: | Closed:

X	WSP Check	X	Fee	X	Photo	X	Data1-15	X	AIDS	X	Attes	X	SSN

Chronology

COMPLETE

MISSING

FSMB	AMA	ECFMG	FBI
6/4/18	6/4/18		

Personal Data "Yes"s	Documentation Received

Malpractice Cases

	Synopsis	Disposition
1		
2		
3		
4		
5		
6		
7		

Name: NJ RUTGERS | Year of Degree: Jun-16 | [redacted] Transcripts | Translations

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

Post Graduate Training Programs

Received	
[redacted]	VALLEY FAMILY 6/16-PRES.

Post Graduate Training Programs

Received	

State	Received	Hospital verification	Received	Hospital verification

Approved | Signature | Date 7-29-18

Comments:

Transcripts
were in limited use
7-20-12

Washington State Department of Health

166

PHYSICIAN & SURGEON

Revenue Section

Print Name Do, Anh-Chi

Return this portion with check & application

1F 0252090000 00236

"1398"

$150.00

1398-6/1/2018 7:21:56 AM-601

Washington State Department of Health

Background Check Processed
Background Check
JUN 01 2018
Swamp NPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION
Here

Date Stamp
JUN 01 2018
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

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)
22 Licensee SSN

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

☐ Male ☒ Female

Name	First	Middle	Last
	Anh-Chi	Dang	Do

Birth date (mm/dd/yyyy): 07/14/1990

Place of birth

City	State	Country
Rockville	MD	USA

Address: 950 HARRINGTON AVE NE APT S-308

City	State	Zip Code	County
Renton	WA	98056	King

Country: USA

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
23 LicenseeAddress		

Email address: DR.ANHCHIDO@GMAIL.COM

Mailing address if different from above address of record
3915 TALBOT ROAD SOUTH #401

City	State	Zip Code	County
RENTON	WA	98055	KING

Country: USA

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):

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

Medical Specialty

Medical school	Year of Graduation
Rutgers New Jersey Medical School (formerly UMDNJ)	2016

Medical Specialty: Family Medicine

MC 60667478 17221858

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 Postgraduate Training

Provide a date 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)				
Rutgers New Jersey Medical School	Doctor of Medicine	5	08/2011	05/2016
Postgraduate training (list all programs attended)				
Valley Family Medicine		2 SO FAR	06/2016	06/2019

4. Professional Experience

In date 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

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

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

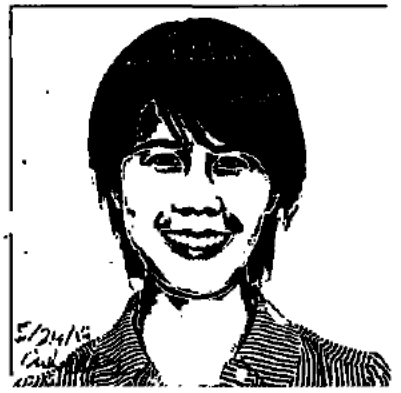
I certify that I have completed a minimum of four hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues 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
AD	5/24/2018

8. Applicant's Photograph

Photo Here



Height 5'3

Weight 110 lbs

Hair color Black

Color of eyes Brown

Signature

Date of Photo 5/24/2018

9. Applicant's Attestation

I, ANH-CHI DANG DO , 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 05/24/2019 at Renton, WA
(mm/dd/yyyy) (City, state)

By: [signature]
(Signature of applicant)

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Student No: A00553360

Date Issued: 08-JUN-2016

THIS IS A RED SECURITY SHEET. IF COPIED, "VOID" WILL APPEAR

RECEIVED
JUN 13 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Record of: Anh-Chi D Do

New Jersey Medical School
Course Level: New Jersey Medical School
Admit Term: Academic Year 2011-2012

Degree(s) Awarded: Doctor of Medicine 15-MAY-2016
Current Major : Medicine

SUBJ	NO.	COURSE TITLE	CR/WK GRD
INSTITUTION CREDIT:			
Term:		Academic Year 2011-2012	
EDUC	6002K	Molecular&Genetic Medicine	P
EDUC	6005K	Ethics, Humanism, & Prof.	P
EDUC	6006K	Medical Interviewing	P
EDUC	6007K	Physical Examination	P
EDUC	6008K	Anatomy, Cell Bio, & Embryo	CP
OE	0080K	~Women & Medicine	Z
EDUC	6004K	Mind, Brain & Behavior	P
EDUC	6009K	Physiology	P
OE	0063K	~Physician Shadowing	Z
OE	0092K	~Human Sexuality in Med	Z
Term:		Academic Year 2012-2013	
(Repeat first year)			
EDUC	6008K	Anatomy, Cell Bio, & Embryo	P
OE	0053K	~Intro to Emergency Medicin	Z
OE	0074K	~Voices of SHARE	Z
OE	0080K	~Women & Medicine	Z
EDUC	6009K	Physiology	P
OE	0054K	~Physician's Business Elec	Z
Term:		Academic Year 2013-2014	
EDUC	7006K	Trans. to Clinical Setting	P
		Pass/Fail	
EDUC	7001K	Infection & Host Response	P
EDUC	7002K	Disease Proc, Prev & Therap	P
EDUC	7004K	Adv. Communication Skills	P

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

SUBJ	NO.	COURSE TITLE	CR/WK GRD
Institution Information continued:			
EDUC	7005K	Adv. Physical Diagnosis	P
OE	0074K	~Voices of SHARE	Z
OE	0080K	~Women as Docs & Patients	Z
EDUC	7003K	Biostats & Epidemiology	P
OE	0079K	~Stud Fam Health Center	Z
Term:		Academic Year 2014-2015	
OE	8000K	Spec Indep. Sty Prog	Z
NEUR	8020K	#Neurology Clerkship	P
PSYC	8020K	#Psychiatry Clerkship	HP
OBG	8020K	#Ob-Gyn Clerkship	HP
NEUR	9510K	Pediatric Neurology	P
		Pass/Fail	
OBG	9540K	Reproductive Choices	P
		Pass/Fail	
PEDS	8000K	#Pediatric Clerkship	HP
OE	0079K	~Stud Fam Health Center	Z
FMED	8002K	#Family Med Clerkship	HP
MED	8160K	#Medicine Clerkship	P
MED	8165K	#Medicine Selective	P
		Pass/Fail	
(Cardiology)			
Term:		Academic Year 2015-2016	
OE	8001K	Graduation OSCE	Z
OE	9005K	C.A.L.M. Mentor Program	P
		Pass/Fail	
SURG	8050K	#Gen Surgery Clerkship	HP
EDUC	9001K	Comprehensive Review of Med	P
		Pass/Fail	
OBG	9051K	Prenatal Diagnosis	H
OBG	8003K	+A.I. Ob-Gyn	WD
FMED	9910K	Externship	H
(Family Practice; Oregon Health Sciences; Portland,OR)			
FMED	9060K	Stud Fam Hlth Care Cent	P
		Pass/Fail	
FMED	9010K	Ambulatory Fam Prac	HP

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

This transcript is not official without the signature of the registrar.

RAISED SEAL NOT REQUIRED

University Registrar

Rutgers, the State University of New Jersey

RUTGERS BIOMEDICAL & HEALTH SCIENCES

Graduate School of Biomedical Sciences
New Jersey Medical School
Robert Wood Johnson Medical School
School of Dental Medicine

School of Health Related Professions
School of Nursing
School of Public Health

Rutgers Biomedical & Health Sciences emerged in 2013 after the schools listed above from the University of Medicine and Dentistry of New Jersey (UMDNJ) were integrated with Rutgers University. UMDNJ traced its roots to the Seton Hall College of Medicine and Dentistry, which accepted its first classes in 1956, and to Rutgers Medical School, a two-year basic science program which began accepting students in 1966. In 1965, the Seton Hall College of Medicine and Dentistry was taken over by the State of New Jersey and renamed the New Jersey College of Medicine and Dentistry (NJCMD). In 1970, Rutgers Medical School was merged with NJCMD; the resulting larger institution was named the College of Medicine and Dentistry of New Jersey (CMDNJ). In 1981, CMDNJ was renamed the University of Medicine and Dentistry of New Jersey (UMDNJ) in recognition of its growth to a state-wide institution.

DEFINITION OF AN OFFICIAL TRANSCRIPT
An official transcript is one that bears the college seal, date and an appropriate signature. Transcripts received that do not meet these requirements should not be considered official and should be routinely rejected for any permanent use.

SCHOOL OF DENTAL MEDICINE NAME CHANGE
Prior to July 2013, Rutgers School of Dental Medicine was recognized as UMDNJ's New Jersey Dental School.

STUDENT RECORD LIMITATION ON REDISCLOSURE
Rutgers University is providing the information on the face of this document at the request of the student. Under the Family Educational Rights and Privacy Act of 1974, this information is being sent to you on the condition that you will not permit any other party to have access to this document without the written consent of the student concerned. If you have any questions concerning the grading or academic policies of the institution, please contact the appropriate School Registrar as noted below.

TRANSCRIPT FORMAT
Rutgers Biomedical & Health Sciences, formerly UMDNJ, implemented new academic records systems in both 1988 and 1998. Transcripts of students during these transitional periods may be composed of two separately formatted documents. If "SEPARATE RECORD OF ADDITIONAL WORK ATTACHED" is stamped at the beginning of a transcript, both formats must be present for the transcript to be complete.

TRANSCRIPT LEGEND

New Jersey Medical School
Office of the Registrar
Medical Science Building, B-640
185 South Orange Avenue
Newark, NJ 07101
Phone: (973) 972-4640 Fax: (973) 972-6930

GRADE SCALE (Years 1 and 2; beginning with Fall 2011 cohort)

P	Pass
CP	Conditional Pass (Awarded if student satisfactorily completes a structured remediation plan)
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
Z	Non-Credit Elective

USMLE REQUIREMENTS

Students must take and pass USMLE Step 1 before beginning the third year of curriculum.

Students must take and pass USMLE Step 2 CK and CS prior to the conferral of a degree.

GRADE SCALE (Years 3 and 4)

H	Honors
HP	High Pass
P	Pass
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
I/R	Incomplete Requirements
I/S	Incomplete Exam
Z	Non-Credit Elective
Z	Non-Credit Independent Study

THIRD YEAR

Required Coursework

FMED 8002	5 weeks
MED 8160	10 weeks
MED 8165	2 weeks
OBG 8020	6 weeks
PEDS 8000	6 weeks
PSYC 8010	8 weeks
SURG 8050	8 weeks
Electives	4 weeks

TRANSCRIPT SYMBOLS
Required 3rd or 4th year course.
+ Required 3rd or 4th year course.
~ Noncredit elective.

FOURTH YEAR

Required Coursework
Standard Curriculum:

EMED 8000	4 weeks
PMCH 8000	2 weeks
REHB 8000	2 weeks

One A.I. Course (4 wks):
FMED 8001
MED 8161
OBG 8003
PEDS 8001
SURG 8002,3,4
Elective Courses:
Misc. 26 weeks
Transition to Residency:
EDUC 8000
Graduation OSCE:
OE 8001

If you have any questions regarding this transcript, please contact the office by telephone at (973) 972-4640.

If you have any questions concerning the grading or academic policies of this school, please contact the Registrar noted above.

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Student No: A00553360

Date Issued: 08-JUN-2016

THIS IS A RED SECURITY SHEET. IF COPIED, "VOID" WILL APPEAR

Record of: Anh-Chi D Do
Level: New Jersey Medical School

Page: 2

SUBJ	NO.	COURSE TITLE	CR/WK	GRD
Institution Information continued:				
OBG	9700K	Independent Study		H
SURG	9195K	Topics Surgical Research		H
REHB	8000K	+Phys Med & Rehb		H
FMED	8001K	+A.I Family Practice		H
EDUC	8000K	Transition to Residency		Z
EMED	8000K	+Emergency Medicine		HP

********** END OF TRANSCRIPT **********

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

This transcript is not official without the signature of the registrar.

Pursuant to the Family Education Rights and Privacy Act of 1974, Information Contained Herein Shall Not Be Released to a Third Party Without the Written Authorization of the Student.

RAISED SEAL NOT REQUIRED

University Registrar

Rutgers, the State University of New Jersey

RUTGERS BIOMEDICAL & HEALTH SCIENCES

Graduate School of Biomedical Sciences
New Jersey Medical School
Robert Wood Johnson Medical School
School of Dental Medicine

School of Health Related Professions
School of Nursing
School of Public Health

Rutgers Biomedical & Health Sciences emerged in 2013 after the schools listed above from the University of Medicine and Dentistry of New Jersey (UMDNJ) were integrated with Rutgers University. UMDNJ traced its roots to the Seton Hall College of Medicine and Dentistry, which accepted its first classes in 1956, and to Rutgers Medical School, a two-year basic science program which began accepting students in 1966. In 1965, the Seton Hall College of Medicine and Dentistry was taken over by the State of New Jersey and renamed the New Jersey College of Medicine and Dentistry (NJCMD). In 1970, Rutgers Medical School was merged with NJCMD; the resulting larger institution was named the College of Medicine and Dentistry of New Jersey (CMDNJ). In 1981, CMDNJ was renamed the University of Medicine and Dentistry of New Jersey (UMDNJ) in recognition of its growth to a state-wide institution.

DEFINITION OF AN OFFICIAL TRANSCRIPT
An official transcript is one that bears the college seal, date and an appropriate signature. Transcripts received that do not meet these requirements should not be considered official and should be routinely rejected for any permanent use.

SCHOOL OF DENTAL MEDICINE NAME CHANGE
Prior to July 2013, Rutgers School of Dental Medicine was recognized as UMDNJ's New Jersey Dental School.

STUDENT RECORD LIMITATION ON REDISCLOSURE
Rutgers University is providing the information on the face of this document at the request of the student. Under the Family Educational Rights and Privacy Act of 1974, this information is being sent to you on the condition that you will not permit any other party to have access to this document without the written consent of the student concerned. If you have any questions concerning the grading or academic policies of the institution, please contact the appropriate School Registrar as noted below.

TRANSCRIPT FORMAT
Rutgers Biomedical & Health Sciences, formerly UMDNJ, implemented new academic records systems in both 1988 and 1998. Transcripts of students during these transitional periods may be composed of two separately formatted documents. If "SEPARATE RECORD OF ADDITIONAL WORK ATTACHED" is stamped at the beginning of a transcript, both formats must be present for the transcript to be complete.

TRANSCRIPT LEGEND

New Jersey Medical School
Office of the Registrar
Medical Science Building, B-640
185 South Orange Avenue
Newark, NJ 07101
Phone: (973) 972-4640 Fax: (973) 972-6930

GRADE SCALE (Years 1 and 2; beginning with Fall 2011 cohort)

P	Pass
CP	Conditional Pass (Awarded if student satisfactorily completes a structured remediation plan)
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
Z	Non-Credit Elective

USMLE REQUIREMENTS

Students must take and pass USMLE Step 1 before beginning the third year of curriculum.

Students must take and pass USMLE Step 2 CK and CS prior to the conferral of a degree.

GRADE SCALE (Years 3 and 4)

H	Honors
HP	High Pass
P	Pass
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
I/R	Incomplete Requirements
I/S	Incomplete Exam
Z	Non-Credit Elective
Z	Non-Credit Independent Study

THIRD YEAR

Required Coursework

FMED 8002	5 weeks
MED 8160	10 weeks
MED 8165	2 weeks
OBG 8020	6 weeks
PEDS 8000	6 weeks
PSYC 8010	8 weeks
SURG 8050	8 weeks
Electives	4 weeks

TRANSCRIPT SYMBOLS
Required 3rd or 4th year course.
+ Required 3rd or 4th year course.
~ Noncredit elective.

FOURTH YEAR

Required Coursework
Standard Curriculum:

EMED 8000	4 weeks
PMCH 8000	2 weeks
REHB 8000	2 weeks

One A.I. Course (4 wks):
FMED 8001
MED 8161
OBG 8003
PEDS 8001
SURG 8002,3,4
Elective Courses:
Misc. 26 weeks
Transition to Residency:
EDUC 8000
Graduation OSCE:
OE 8001

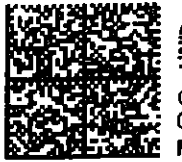
If you have any questions regarding this transcript, please contact the office by telephone at (973) 972-4640.

If you have any questions concerning the grading or academic policies of this school, please contact the Registrar noted above.

RUTGERS
New Jersey Medical School

Office of the Registrar
New Jersey Medical School
Medical Science Building
Rutgers, The State University of New Jersey
185 South Orange Avenue, Room B-640
Newark, NJ 07103

DV DANIELS
NJ 070
08 JUN '16
PM 2 L



UNITED STATES POSTAGE
PITNEY BOWES
02 1M $ 00.46⁵
0004277969 JUN08 2016
MAILED FROM ZIP CODE 07107

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

98504-7866

Julie E. Ferguson, MPA
Asst. Dean/Registrar

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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 --Telephone (817)868-4000

Recipient: **Date:** 07/03/2018

WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION

Examinee: Do, Anh-Chi Dang **Examinee ID:** 52970365

Alt Name(s): **Date of Birth:** 07/14/1990

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. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. 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	Total	MP	Comments
7/18/2014	Pass	207	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
10/21/2015	Pass	214	(209)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
8/17/2015	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
11/19/2017	Pass	225	(196)	

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 22 2018

MEDICAL COMMISSION

MD

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 VALLEY FAMILY MEDICINE

Address 3915 TALBOT ROAD SOUTH #401 RENTON, WA 98055

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)
ANH-CHI DO	07/14/1990
Signature of applicant	

To be completed by the facility/agency/program:

1. ANH-CHI DO (Applicant Name (Print or type)) is or was engaged in postgraduate training in our program VALLEY FAMILY MEDICINE RESIDENCY

   from Beginning date (month/year) 06/2016 to Ending date (month/year) 06/2019

   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 6/30/2019

SEAL

Signature Antonio Pedroza M.D.

Title PROGRAM DIRECTOR

Email tony-pedroza@valleymed.org

Address 3915 TALBOT ROAD SOUTH #401
RENTON, WA 98055

Date MAY 30 2018 Phone 425 228 3440 x 4126

Return directly to the address listed above

June 27 2018 Antonio Pedroza MD

DOH 657-121 October 2017

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

RECEIVED
JUN 04 2018
Medical Quality Assurance Commission

MD

Postgraduate Training Program Director Verification and Evaluation of Training

To be completed by the applicant:

Facility name VALLEY FAMILY MEDICINE

Address 3915 TALBOT ROAD SOUTH #401 RENTON, WA 98055

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)
ANH-CHI DO	07/14/1990
Signature of applicant	

To be completed by the facility/agency/program:

1. ANH-CHI DO (Applicant Name (Print or type)) is or was engaged in postgraduate training in our program VALLEY FAMILY MEDICINE RESIDENCY
   from Beginning date (month/year) 06/2016 to Ending date (month/year) 06/2019
   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 6/30/2019

(SEAL)

Signature Antonio Pedroza MD
Title PROGRAM DIRECTOR
Email tony_pedroza@valleymed.org
Address 3915 TALBOT ROAD SOUTH #401
RENTON, WA 98055
Date May 30 2018 Phone 4252283440 x4126

Return directly to the address listed above

DOH 657-121 October 2017

AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

Name and Mailing Address

ANH-CHI DANG DO
VALLEY MED CTR
FAMILY MEDICINE PGM STE 401
3915 TALBOT RD S
RENTON, WA 98055-5738

Birth date 07/14/1990

Primary Office Address

SAME AS MAILING ADDRESS

Phone UNKNOWN

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 NON 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
1790131456	05/11/2016	NOT RPTD	NOT RPTD	NOT RPTD	05/22/2018

Current and/or historical medical school

RUTGERS NEW JERSEY MEDICAL SCHOOL

Degree Awarded: YES

AMA
AMERICAN MEDICAL ASSOCIATION

Degree Year: 2016

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:	VALLEY MEDICAL CENTER
Sponsoring State:	WASHINGTON
Program name:	VALLEY MEDICAL CENTER PROGRAM
Specialty:	FAMILY MEDICINE
Training Type:	SPECIALTY
Dates:	6/2016 - 6/2019 (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.

AMA
AMERICAN MEDICAL ASSOCIATION

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.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Washington	MD	06/07/2016	07/31/2018	ACTIVE	LIMITED	05/01/2018

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

None Reported

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 Certfication

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

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Washington Medical Quality Assurance Commission	As of Date:6/4/2018

PRACTITIONER INFORMATION

Name:	Do, Anh-Chi Dang
DOB:	7/14/1990
Medical School:	*Rutgers New Jersey Medical School* Newark, New Jersey, UNITED STATES
Year of Grad:	2016
Degree Type:	MD
NPI:	1790131456

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	ML60667478	6/7/2016	7/31/2018	5/31/2018

PRACTITIONER PROFILE

Prepared for: Washington Medical Quality Assurance Commission

As of Date:6/4/2018

Practitioner Name: Do, Anh-Chi Dang

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Friday, July 20, 2018 7:27 AM
To: 'anhchido@gmail.com'
Subject: full license issued MD.MD.60865937 expires 7/14/20
Attachments: New License Letter.pdf

Dr. Do,

Congratulations! Your physician and surgeon license has been issued. You should receive your license in the mail, in the next 10-14 business days.

- License Number: MD.MD.60865937
- Expiration Date: 7/14/20

- To verify your current license, please use the below link, and enter your name or license number into the search engine:

  https://fortress.wa.gov/doh/providercredentialsearch/
- To update your contact information with us please use the below link, and click on "Change Your Contact Information":

http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx

Sincerely,

WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Joe Mihelich
Health Services Consultant 2
Washington Medical Commission
phone: 360-236-2767

Work Hours Monday-Friday 6:00AM-2:30PM

Medical Quality Assurance Commission
Limited License Application Worksheet

Name ANH-CHI DO Date of Birth 7/14/1990

Date Received 5/26/16

WSP Check	Fee	Photo	Data1-13	AIDS	Attest	SSN	SS# letter
✓	x	x	x	x	x	x	

Chronology
Complete

Missing:
____ to ____
____ to ____
____ to ____

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

FSMB 5/27/16 ✓

AMA

Personal Data "Yes"s	Documentation Received

Malpractice Cases	Synopsis	Disposition
1		
2		
3		
4		

Medical School

Name RUTGERS Year of Degree Jun-16 05/2.3 Transcripts ✓ Translations

Post Graduate Training Programs

Received	Training Programs

Post Graduate Training Programs

Received	Training Programs

Received	State Licensure

Received	Hospital Privileges

Received 5/26/16

Program/Employment Verification ✓

VALLEY FAMILY -6/13/2016

Approved Dan Thompson
Signature

Date 6/7/16

Comments:

391-

Washington State Department of Health

LIMITED PHYSICIAN

LOG

REVENUE SECTION

PRINT NAME Do, Anh-Chi

1F 0252140000 00335

"2205"

$391.00

2205-5/26/2016 6:59:50 AM-602

Washington State Department of Health

Background Check Processed Stamp Here — WSP DEPARTMENT OF HEALTH MEDICAL COMMISSION

Date RECEIVED Stamp Here — MAY 26 2016 — MEDICAL COMMISSION

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)	National Provider Identifier Number (NPI) (Enter 10 digit number)	
22 Licensee SSN	1790131456	☐ Male ☒ Female

Name First	Middle	Last
Anh-Chi	Dang	Do

Birth date (mm/dd/yyyy)	Place of Birth City	State	Country
07/14/1990	Rockville	MD	USA

Address: 401 Watch Hill Lane

City	State	Zip Code	County
Gaithersburg	MD	20878	USA

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
23 LicenseeAddress		23 LicenseeAddress

Email Address: anhchido@gmail.com

Have you ever been known under any other name(s)? If yes, list name(s):
No

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

Institution or Training Program Information (Required)

Institution/Program Name: Valley Family Medicine

Institution/Program Mailing Address: 3915 Talbot Road South, Suite 401

City	State	Zip Code	County
Renton	WA	98055	USA

Medical Specialty

Medical school: Rutgers New Jersey Medical School

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)				
Rutgers New Jersey Medical School	Doctor of Medicine (M.D.)	5	08/2011	05/2016
Postgraduate training (list all programs attended)			~~06/2016~~	
Valley Family Medicine	—	—	06/2016	—

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. NONE

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.

Applicant's initials	Date
[illegible]	5/03/2016

8. Applicant's Photograph

Photo Here

Height 5'3

Weight 110 lbs

Hair color black

Color of eyes brown

Signature [signature]

Date of Photo 09/01/2015

9. Applicant's Attestation

I, Anh-Chi Dang Do , declare under penalty of perjury under the
(Print applicant name clearly)

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

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

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

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

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

Dated 05/03/2016 at Newark, NJ
(city, state)

By: _____
Signature of applicant

RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Student No: A00553360

Date Issued: 18-MAY-2016

RECEIVED
MAY 23 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

THIS IS A RED SECURITY SHEET. IF COPIED, "VOID" WILL APPEAR

Record of: Anh-Chi D Do

New Jersey Medical School
Course Level: New Jersey Medical School
Admit Term: Academic Year 2011-2012

Degree(s) Awarded: Doctor of Medicine 15-MAY-2016
Current Major : Medicine

SUBJ	NO.	COURSE TITLE	CR/WK	GRD
INSTITUTION CREDIT:				
Term:		Academic Year 2011-2012		
EDUC	6002K	Molecular&Genetic Medicine		P
EDUC	6005K	Ethics, Humanism, & Prof.		P
EDUC	6006K	Medical Interviewing		P
EDUC	6007K	Physical Examination		P
EDUC	6008K	Anatomy, Cell Bio, & Embryo		CP
OE	0080K	~Women & Medicine		Z
EDUC	6004K	Mind, Brain & Behavior		P
EDUC	6009K	Physiology		F
OE	0063K	~Physician Shadowing		Z
OE	0092K	~Human Sexuality in Med		Z
Term:		Academic Year 2012-2013		
(Repeat first year)				
EDUC	6008K	Anatomy, Cell Bio, & Embryo		P
OE	0053K	~Intro to Emergency Medicin		Z
OE	0074K	~Voices of SHARE		Z
OE	0080K	~Women & Medicine		Z
EDUC	6009K	Physiology		P
OE	0054K	~Physician's Business Elec		Z
Term:		Academic Year 2013-2014		
EDUC	7006K	Trans. to Clinical Setting		P
		Pass/Fail		
EDUC	7001K	Infection & Host Response		P
EDUC	7002K	Disease Proc, Prev & Therap		P
EDUC	7004K	Adv. Communication Skills		P

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

SUBJ	NO.	COURSE TITLE	CR/WK	GRD
Institution Information continued:				
EDUC	7005K	Adv. Physical Diagnosis		P
OE	0074K	~Voices of SHARE		Z
OE	0080K	~Women as Docs & Patients		Z
EDUC	7003K	Biostats & Epidemiology		P
OE	0079K	~Stud Fam Health Center		Z
Term:		Academic Year 2014-2015		
OE	8000K	Spec Indep. Sty Prog		Z
NEUR	8020K	#Neurology Clerkship		P
PSYC	8020K	#Psychiatry Clerkship		HP
OBG	8020K	#Ob-Gyn Clerkship		HP
NEUR	9510K	Pediatric Neurology		P
		Pass/Fail		
OBG	9540K	Reproductive Choices		P
		Pass/Fail		
PEDS	8000K	#Pediatric Clerkship		HP
OE	0079K	~Stud Fam Health Center		Z
FMED	8002K	#Family Med Clerkship		HP
MED	8160K	#Medicine Clerkship		P
MED	8165K	#Medicine Selective		P
		Pass/Fail		
(Cardiology)				
Term:		Academic Year 2015-2016		
OE	8001K	Graduation OSCE		Z
OE	9005K	C.A.L.M. Mentor Program		P
		Pass/Fail		
SURG	8050K	#Gen Surgery Clerkship		HP
EDUC	9001K	Comprehensive Review of Med		P
		Pass/Fail		
OBG	9051K	Prenatal Diagnosis		H
OBG	8003K	+A.I. Ob-Gyn		WD
FMED	9910K	Externship		H
(Family Practice; Oregon Health Sciences; Portland,OR)				
FMED	9060K	Stud Fam Hlth Care Cent		P
		Pass/Fail		
FMED	9010K	Ambulatory Fam Prac		HP

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

This transcript is not official without the signature of the registrar.

RAISED SEAL NOT REQUIRED

University Registrar

Rutgers, the State University of New Jersey

RUTGERS BIOMEDICAL & HEALTH SCIENCES

Graduate School of Biomedical Sciences
New Jersey Medical School
Robert Wood Johnson Medical School
School of Dental Medicine

School of Health Related Professions
School of Nursing
School of Public Health

Rutgers Biomedical & Health Sciences emerged in 2013 after the schools listed above from the University of Medicine and Dentistry of New Jersey (UMDNJ) were integrated with Rutgers University. UMDNJ traced its roots to the Seton Hall College of Medicine and Dentistry, which accepted its first classes in 1956, and to Rutgers Medical School, a two-year basic science program which began accepting students in 1966. In 1965, the Seton Hall College of Medicine and Dentistry was taken over by the State of New Jersey and renamed the New Jersey College of Medicine and Dentistry (NJCMD). In 1970, Rutgers Medical School was merged with NJCMD; the resulting larger institution was named the College of Medicine and Dentistry of New Jersey (CMDNJ). In 1981, CMDNJ was renamed the University of Medicine and Dentistry of New Jersey (UMDNJ) in recognition of its growth to a state-wide institution.

DEFINITION OF AN OFFICIAL TRANSCRIPT
An official transcript is one that bears the college seal, date and an appropriate signature. Transcripts received that do not meet these requirements should not be considered official and should be routinely rejected for any permanent use.

SCHOOL OF DENTAL MEDICINE NAME CHANGE
Prior to July 2013, Rutgers School of Dental Medicine was recognized as UMDNJ's New Jersey Dental School.

STUDENT RECORD LIMITATION ON REDISCLOSURE
Rutgers University is providing the information on the face of this document at the request of the student. Under the Family Educational Rights and Privacy Act of 1974, this information is being sent to you on the condition that you will not permit any other party to have access to this document without the written consent of the student concerned. If you have any questions concerning the grading or academic policies of the institution, please contact the appropriate School Registrar as noted below.

TRANSCRIPT FORMAT
Rutgers Biomedical & Health Sciences, formerly UMDNJ, implemented new academic records systems in both 1988 and 1998. Transcripts of students during these transitional periods may be composed of two separately formatted documents. If "SEPARATE RECORD OF ADDITIONAL WORK ATTACHED" is stamped at the beginning of a transcript, both formats must be present for the transcript to be complete.

TRANSCRIPT LEGEND

New Jersey Medical School
Office of the Registrar
Medical Science Building, B-640
185 South Orange Avenue
Newark, NJ 07101
Phone: (973) 972-4640 Fax: (973) 972-6930

GRADE SCALE (Years 1 and 2; beginning with Fall 2011 cohort)

P	Pass
CP	Conditional Pass (Awarded if student satisfactorily completes a structured remediation plan)
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
Z	Non-Credit Elective

USMLE REQUIREMENTS

Students must take and pass USMLE Step 1 before beginning the third year of curriculum.

Students must take and pass USMLE Step 2 CK and CS prior to the conferral of a degree.

GRADE SCALE (Years 3 and 4)

H	Honors
HP	High Pass
P	Pass
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
I/R	Incomplete Requirements
I/S	Incomplete Exam
Z	Non-Credit Elective
Z	Non-Credit Independent Study

THIRD YEAR

Required Coursework

FMED 8002	5 weeks
MED 8160	10 weeks
MED 8165	2 weeks
OBG 8020	6 weeks
PEDS 8000	6 weeks
PSYC 8010	8 weeks
SURG 8050	8 weeks
Electives	4 weeks

TRANSCRIPT SYMBOLS
Required 3rd or 4th year course.
+ Required 3rd or 4th year course.
~ Noncredit elective.

FOURTH YEAR

Required Coursework
Standard Curriculum:

EMED 8000	4 weeks
PMCH 8000	2 weeks
REHB 8000	2 weeks

One A.I. Course (4 wks):
FMED 8001
MED 8161
OBG 8003
PEDS 8001
SURG 8002,3,4
Elective Courses:
Misc. 26 weeks
Transition to Residency:
EDUC 8000
Graduation OSCE:
OE 8001

If you have any questions regarding this transcript, please contact the office by telephone at (973) 972-4640.

If you have any questions concerning the grading or academic policies of this school, please contact the Registrar noted above.

RUTGERS

THE STATE UNIVERSITY
OF NEW JERSEY

Student No: A00553360

Date Issued: 18-MAY-2016

THIS IS A RED SECURITY SHEET. IF COPIED, "VOID" WILL APPEAR

RECEIVED
MAY 23 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Record of: Anh-Chi D Do
Level: New Jersey Medical School

SUBJ	NO.	COURSE TITLE	CR/WK	GRD
Institution Information continued:				
OBG	9700K	Independent Study		H
SURG	9195K	Topics Surgical Research		H
REHB	8000K	+Phys Med & Rehb		H
FMED	8001K	+A.I.Family Practice		H
EDUC	8000K	Transition to Residency		Z
EMED	8000K	+Emergency Medicine		HP

********** END OF TRANSCRIPT **********

This transcript is not official without the signature of the registrar.

Pursuant to the Family Education Rights and Privacy Act of 1974, Information Contained Herein Shall Not Be Released to a Third Party Without the Written Authorization of the Student.

RAISED SEAL NOT REQUIRED

University Registrar

Rutgers, the State University of New Jersey

RUTGERS BIOMEDICAL & HEALTH SCIENCES

Graduate School of Biomedical Sciences
New Jersey Medical School
Robert Wood Johnson Medical School
School of Dental Medicine

School of Health Related Professions
School of Nursing
School of Public Health

Rutgers Biomedical & Health Sciences emerged in 2013 after the schools listed above from the University of Medicine and Dentistry of New Jersey (UMDNJ) were integrated with Rutgers University. UMDNJ traced its roots to the Seton Hall College of Medicine and Dentistry, which accepted its first classes in 1956, and to Rutgers Medical School, a two-year basic science program which began accepting students in 1966. In 1965, the Seton Hall College of Medicine and Dentistry was taken over by the State of New Jersey and renamed the New Jersey College of Medicine and Dentistry (NJCMD). In 1970, Rutgers Medical School was merged with NJCMD; the resulting larger institution was named the College of Medicine and Dentistry of New Jersey (CMDNJ). In 1981, CMDNJ was renamed the University of Medicine and Dentistry of New Jersey (UMDNJ) in recognition of its growth to a state-wide institution.

DEFINITION OF AN OFFICIAL TRANSCRIPT
An official transcript is one that bears the college seal, date and an appropriate signature. Transcripts received that do not meet these requirements should not be considered official and should be routinely rejected for any permanent use.

SCHOOL OF DENTAL MEDICINE NAME CHANGE
Prior to July 2013, Rutgers School of Dental Medicine was recognized as UMDNJ's New Jersey Dental School.

STUDENT RECORD LIMITATION ON REDISCLOSURE
Rutgers University is providing the information on the face of this document at the request of the student. Under the Family Educational Rights and Privacy Act of 1974, this information is being sent to you on the condition that you will not permit any other party to have access to this document without the written consent of the student concerned. If you have any questions concerning the grading or academic policies of the institution, please contact the appropriate School Registrar as noted below.

TRANSCRIPT FORMAT
Rutgers Biomedical & Health Sciences, formerly UMDNJ, implemented new academic records systems in both 1988 and 1998. Transcripts of students during these transitional periods may be composed of two separately formatted documents. If "SEPARATE RECORD OF ADDITIONAL WORK ATTACHED" is stamped at the beginning of a transcript, both formats must be present for the transcript to be complete.

TRANSCRIPT LEGEND

New Jersey Medical School
Office of the Registrar
Medical Science Building, B-640
185 South Orange Avenue
Newark, NJ 07101
Phone: (973) 972-4640 Fax: (973) 972-6930

GRADE SCALE (Years 1 and 2; beginning with Fall 2011 cohort)

P	Pass
CP	Conditional Pass (Awarded if student satisfactorily completes a structured remediation plan)
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
Z	Non-Credit Elective

USMLE REQUIREMENTS

Students must take and pass USMLE Step 1 before beginning the third year of curriculum.

Students must take and pass USMLE Step 2 CK and CS prior to the conferral of a degree.

GRADE SCALE (Years 3 and 4)

H	Honors
HP	High Pass
P	Pass
F	Fail
AUD	Audit
EXT	Exempt
INC	Incomplete
WD	Withdrew
WP	Withdrew Passing
WF	Withdrew Failing
I/R	Incomplete Requirements
I/S	Incomplete Exam
Z	Non-Credit Elective
Z	Non-Credit Independent Study

THIRD YEAR

Required Coursework

FMED 8002	5 weeks
MED 8160	10 weeks
MED 8165	2 weeks
OBG 8020	6 weeks
PEDS 8000	6 weeks
PSYC 8010	8 weeks
SURG 8050	8 weeks
Electives	4 weeks

TRANSCRIPT SYMBOLS
Required 3rd or 4th year course.
+ Required 3rd or 4th year course.
~ Noncredit elective.

FOURTH YEAR

Required Coursework
Standard Curriculum:

EMED 8000	4 weeks
PMCH 8000	2 weeks
REHB 8000	2 weeks

One A.I. Course (4 wks):
FMED 8001
MED 8161
OBG 8003
PEDS 8001
SURG 8002,3,4
Elective Courses:
Misc. 26 weeks
Transition to Residency:
EDUC 8000
Graduation OSCE:
OE 8001

If you have any questions regarding this transcript, please contact the office by telephone at (973) 972-4640.

If you have any questions concerning the grading or academic policies of this school, please contact the Registrar noted above.

RUTGERS
New Jersey Medical School

Office of the Registrar
New Jersey Medical School
Medical Science Building
Rutgers, The State University of New Jersey
185 South Orange Avenue, Room B-640
Newark, NJ 07103

UNITED STATES POSTAGE
PITNEY BOWES
02 1M $ 00.46[5]
0004277969 MAY 18 2016
MAILED FROM ZIP CODE 07107

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

98504$7866 B001

Julie E. Ferguson, MFA
Asst. Dean/Registrar

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* Anh-Chi Dang Do

Name of training program/specialty Valley Family Medicine

Name of sponsoring institution VALLEY MEDICAL CENTER

Beginning date 06/13/2016
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.

Washington State Department of Health

Health Professions Reference Numbers and Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Physician Laws, RCW 18.71

Physician Rules, WAC 246-919

Continuing Education

Physician Continuing Education Rules, WAC 246-919-460

Online

Medical Quality Assurance Commission Web Page

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Washington Medical Quality Assurance Commission	As of Date:5/27/2016

PRACTITIONER INFORMATION

Name:	Anh-Chi Dang Do
DOB:	7/14/1990
Medical School:	University of Medicine and Dentistry of New Jersey - New Jersey Medical School Newark, New Jersey, UNITED STATES
Year of Grad:	
Degree Type:	

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated

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

PRACTITIONER PROFILE

Prepared for: Washington Medical Quality Assurance Commission

As of Date:5/27/2016

Practitioner Name: Anh-Chi Dang Do

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

Nimon, Lori (DOH)

From: Nimon, Lori (DOH)
Sent: Thursday, June 21, 2018 2:13 PM
To: 'anhchido@gmail.com'
Subject: Pending MD License 60865937

June 21, 2018

Dear Dr. Do,

This is to acknowledge receipt of your fees and application for your physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

MISSING ITEMS

Need Medical School Transcripts
Need USMLE
Need Post Grad Training verification from Valley Family (signed and dated AFTER 6/13/18)

You can email me at anytime for a current status update on your application file.

*If you are using the FCVS packet with the Federation of State Medical Boards (FSMB) you will need to contact FSMB to determine when this packet will be released to us. The FCVS packet will verify medical school transcripts, exam scores, and postgraduate training.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at **lori.nimon@doh.wa.gov**, or write to me at the address listed below.

WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Lori Nimon
Health Services Consultant 2
Washington Medical Commission
phone: 360-236-2765
Fx/mbl: 360-236-2795
Were you satisfied with the service you received today? Yes or No

Redaction Date: 9/7/2021 9:50:31 AM

Redaction Log

Total Number of Redactions in Document: 5

Redaction Reasons by Page

Page	Reason	Description	Occurrences
5	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
5	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1
30	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
30	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	2