

Caitlin Clark, MD

Licensed Physician #MD2021-1138

Issue Date	Expiration Date
12/07/2021	07/01/2022
Signature of Holder	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Caitlin Clark, MD

License Number: MD2021-1138

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 12/07/2021 Date Expires: 07/01/2022*

**A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

This License Must Be Conspicuously Posted In Each Practice Location.



The New Mexico Physician and Practitioner
Credentials Application ©



Physician Application

Applying for Telemedicine Licensure? Applying for first ever Full Physician License in any state?

****ALL FEES ARE NON-REFUNDABLE****

****If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.****

Date of Application: 9/9/2021 Application Fee: \$400.00

PayPal Confirmation: AA1A4FC6EABF TOTAL: \$400.00

Name: Caitlin Grace Clark Caitlin Cadena Burton, Caitlin Maria Cadena, Caitlin Grace Clark

Title: MD Other: Maiden or Other Names Used

Applying using: NMMB HSC FCVS

What are your NM practice plans? provision of reproductive health care, including telemedicine

R#2412678
Endorse

Gender: Female Citizenship: United States Place of Birth: Reno, NV
Social Security Number: [REDACTED]-5083 Date of Birth: [REDACTED].969
State Tax ID#: Colorado Pending Fed. Tax ID#: Pending
Medicare#: Pending Medicaid #: 77221559 Pending
Unique Physician Identification Number (UPIN): Pending
National Provider Identifier Number (NPI): 1699786376 Pending
CLIA Number (if applicable): 06D0975791 Approval Level: Expiration Date: 10/26/2022

Home Address
Street Address: [REDACTED]
City, State/Province and Zipcode: Denver, CO, 80207
Country: United States
Telephone Number [REDACTED]-7526 Pager Number:
Cell Phone Number: Spouse's Name (Optional):

Credentials Correspondence Address
Department:
Street Address: [REDACTED]
City, State/Province and Zipcode: Denver, CO, 80207
Country: United States Email: [REDACTED]@pprm.org
Telephone Number: [REDACTED]-7526 Facsimile Number: 303-321-0498

Military Service
Branch: Type of Discharge:
Dates: From: To: Current Rank:

Immigration
Status: Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)
Number (if applicable): Date Issued: (Please attach a copy of your ECFMG certificate)



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Physician Application



Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION

Certified? Yes No

Expires:

ATLS CERTIFICATION

Certified? Yes No

Expires:

PALS CERTIFICATION

Certified? Yes No

Expires:

HOSPITAL AND HEALTHCARE AFFILIATIONS

Are you a PCP?

Do you deliver babies?

Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

(a) Have admitting privileges at a hospital (list below) OR

(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Do you have courtesy or consulting privileges at this facility.

If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Lisa Hofler, MD with UNM Sandoval Regional Medical Center

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

Facility Name: Health One

Is this your primary admitting facility

Department:

Street Address: 4900 S Monaco St

City: Denver

State/Province: CO

Zip Code: 80237

Country: United States

Phone Number:

Facsimile:

Appointment Dates From: 03/2011

To:

Present

Type of Appointment: Associate/Affiliate

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: Planned Parenthood of the Rocky Mountains

From: 09/2005 To:

Present

Department:

Street Address: 7155 E 38th Ave

City: Denver

State/Province: CO

Zip Code: 80207

Country: United States

Phone Number: 303-321-7526

Contact:

Fax Number: 303-321-0498



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Physician Application



Type of Practice: Active

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Embody Medical Aesthetics From: 07/2016 To: 03/2019 Present
Department:
Street Address: 2949 Federal Blvd
City: Denver State/Province: CO Zip Code: 80211
Country: United States Phone Number:
Contact: Fax Number:
Type of Practice: Resigned

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Mayfair Women's Center From: 04/2013 To: 05/2015 Present
Department:
Street Address: 14446 E Evans Ave
City: Aurora State/Province: CO Zip Code: 80014
Country: United States Phone Number: 303-696-9761
Contact: Fax Number:
Type of Practice: Closed

Please provide written explanation for any gaps in work history of six (6) months or more.

Work history gap explanations follow:

PRACTICE LOCATIONS

Group Name: PPRM Effective Date: 9/2005
Department:
Street Address: 7155 E 38th Ave
City: Denver State/Province: CO Zip Code: 80207
Country: United States
Phone Number: 303-321-7526 Facsimile Number: 303-321-0498
Email Address: Answering Service Number:
Foreign Languages (spoken fluently at practice):
Office Manager or Contact Person: Phone:

Billing Address

Billing Information same as practice information



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Physician Application



Practice Associates (if applicable):

Call Coverage (if applicable):

_____	/	_____
_____	/	_____
_____	/	_____

What are the office hours for your Practice or Group Practice? (Provide days/hours):
What provisions have been made for after hours?:

CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.
2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

PROFESSIONAL REFERENCES

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

Name and Title: Angela Marchin MD
Department: PPRM
Street Address: 7155 E 38th Ave
City: Denver
Country: United States
Phone Number: 303-321-7526

Specialty: ob/gyn
State/Province: CO
Zip Code: 80207
Email: [redacted]@pprm.org
Facsimile Number: 303-321-0498

Name and Title: Elisabeth Aron MD
Department: PPRM
Street Address: 7155 E 38th Ave
City: Denver
Country: United States
Phone Number: 303-321-7526

Specialty: ob/gyn
State/Province: CO
Zip Code: 80207
Email: [redacted]@gmail.com
Facsimile Number: 303-321-0498

Name and Title: Kristina Tocce MD
Department: PPRM
Street Address: 7155 E 38th Ave

Specialty: ob/gyn



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Physician Application



City: Denver
Country: United States
Phone Number: 303-321-7526

State/Province: CO
Email: [REDACTED]@pprm.org
Facsimile Number: 303-321-0498

Zip Code: 80207

Name and Title: Morgan Wolfe MD
Department: PPRM
Street Address: 7155 E 38th Ave
City: Denver
Country: United States
Phone Number: 303-321-7526

Specialty: ob/gyn

State/Province: CO
Email: [REDACTED]fcwc.com
Facsimile Number: 303-321-0498

Zip Code: 80207

Name and Title: Sabrina Holmquist MD
Department: PPRM
Street Address: 7155 E 38th Ave
City: Denver
Country: United States
Phone Number: 303-321-7526

Specialty: ob/gyn

State/Province: CO
Email: [REDACTED]@pprm.org
Facsimile Number: 303-321-0498

Zip Code: 80207

LICENSURE REGISTRATION INFORMATION

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number: DR43725

Pending

State: Colorado

Issue Date: 6/30/2005

Expiration Date: 4/30/2023 ✓

State Professional License/Certification Number: 16110

Pending

State: Nevada

Issue Date: 9/23/2015

Expiration Date: 6/30/2023

State Professional License/Certification Number: 219018

Pending

State: New York

Issue Date: 8/29/2000

Expiration Date: 6/30/2002

State Professional License/Certification Number: MD22947

Pending

State: Oregon

Issue Date: 4/13/2001

Expiration Date: 1/5/2010

LICENSING EXAM

Please check all that apply:



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Physician Application



Table with columns: Exam Type (State Board Exam, FLEX, LMCC, NBME, NBOE, COMPLEX, USMLE), Which State?, Date(s) passed?, Part/Step 1 Date Passed, Part/Step 2 Date Passed, Part/Step 3 Date Passed. Includes handwritten checkmarks and dates like 6/30/1995, 8/31/1996, 5/12/1999.

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration:
DEA Number: [redacted] 8735 Expiration Date: 8/31/2022
DEA Number: [redacted] 5751 Expiration Date: 8/31/2024

State Controlled Substance Registration (CSR):
CSR Number: CS23867 Expiration Date: 10/31/2022 State: Nevada

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Residency
Institution: University of Rochester Medical Center
Department: Strong Memorial Hospital/Wilmot Cancer Institute
Street Address: 601 Elmwood Ave
City: Rochester State/Province: NY Zip Code: 14642
Country: United States Graduation Date: 2001
Degree Earned: RES - Residency or Specialty: Obstetrics/Gynecology

Handwritten signature: PGT



The New Mexico Physician and Practitioner
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Physician Application



If teaching appointment: Department/Position

Degree Level: Graduate

Institution: University of Washington

Department: School of Medicine

Street Address: 1959 NE Pacific St

City: Seattle

Country: United States

Degree Earned: MD - Doctor of Medicine

If teaching appointment: Department/Position

Dates Attended:

From: 8/1993

To: 6/1997

State/Province: WA Zip Code: 98195

Graduation Date: 1997

or Specialty: Medicine

SPECIALTY BOARD CERTIFICATIONS

NOTE: If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

Board or Specialty

Board Name: American Board of Obstetrics and Gynecology

Date Certified: 11/30/2003

Date Last Recertified:

Expiration Date: 12/15/2021

Lifetime

Certification Number: 9004116

MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance? Yes No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: Affiliates Insurance Reciprocal, A RRG

Limits: 1000000.00, 3000000.00

Department:

Street Address: 30 Main St

Pending

City, State/Province and Zipcode: Burlington, VT, 05401

Country: United States

Dates Insured: From: 01/01/2021

To: 01/01/2022

Policy Number:



PROFESSIONAL PRACTICE QUESTIONS

Read carefully before answering questions.

- A. You must answer all questions. You must provide explanatory information –
- for any “yes” answer to questions numbered 1-18 and
 - for any “no” answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

- B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.
- C. The term “you” means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership

- | | | |
|---|------------------------------|--|
| 1.a. <i>Regardless of the outcome</i> , have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1.b. Is any license you now hold under investigation or being challenged? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Education

- | | | |
|--|------------------------------|--|
| 4. Have you, for any reason, ever | | |
| 4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.b. been placed on probation or remediation by a medical school or PGT program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Privileges/Appointments

- | | | |
|--|------------------------------|--|
| 5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Insurance/Health Care Plans

- | | | |
|---|------------------------------|--|
| 8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

Liability

- | | | |
|--|------------------------------|--|
| 9. Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Have you ever been denied professional liability insurance coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Has your professional liability insurance carrier ever excluded any procedures from your coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



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Physician Application



12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? If yes, please complete the attached Malpractice History Form for each case. [] Yes [x] No

13. Have you ever been reported to the National Practitioner Data Bank (NPDB)? [] Yes [x] No
Ethics/ Impairment

14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? [] Yes [x] No

15.a During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? [Redacted]

15.b Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? [Redacted]

15.c Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)? [Redacted]

16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10. [Redacted]

17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status. [Redacted]

18. Are you currently out of compliance with a judgment and order for child support in New Mexico? [] Yes [x] No

Attestations

19. I attest I will limit my practice to areas in which I am competent to practice. [x] Yes [] No

20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC. [x] Yes [] No

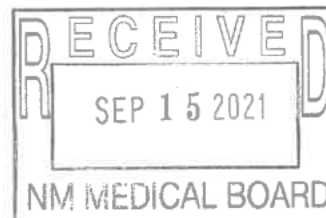
21. I attest I have reviewed the completed form and the information it contains is complete and accurate. [x] Yes [] No

22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes. [x] Yes [] No

23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times. [x] Yes [] No

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505 (505) 476-7220



APPLICANT'S OATH

I, CAITLIN GRACE CLARK, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



[Handwritten Signature]
Applicant Signature

9/9/2021
Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name CAITLIN GRACE CLARK Date 9/9/2021



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

CAITLIN CADENA BURTON

DENVER, CO 80206-4084

Primary Office Address

Phone UNKNOWN

Birth date [REDACTED] 1969

Physician's major professional activity INACTIVE

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (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
1699786376	08/10/2006	NOT RPTD	NOT RPTD	NOT RPTD	08/20/2021

Current and/or historical medical school

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 1997



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: STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER
Sponsoring State: NEW YORK
Specialty: OBSTETRICS & GYNECOLOGY
Training Type:
Dates: 7/1997 - 6/2001 (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: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
Certificate: OBSTETRICS & GYNECOLOGY
Certificate type: GENERAL



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/31/2020	12/31/2021		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2013	12/31/2014		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/16/2012	12/31/2013		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2011	12/31/2012		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2010	12/31/2011		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	12/31/2009	12/31/2010		RE-CERT	09/07/2021	Y
TIME LIMITED	Expired	11/07/2003	12/31/2009		INITIAL	09/07/2021	Y

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.

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Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
60219018	MD	NY	08/29/2000	NRT		INA	UNL	01/11/2008	NRT



License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
MD22947	MD	OR	04/13/2001	NRT		INA	UNL	07/21/2021	Caitlin Cadena Burton
16110	MD	NV	09/23/2015	06/30/2023		ACT	UNL	07/02/2021	Caitlin Grace CLARK
43725	MD	CO	06/28/2005	04/30/2023	05/01/2021	ACT	UNL	09/06/2021	Caitlin G Clark

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

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*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----735	C-0	22N 33N 4 5	Active	08/31/2022	Paid	09/03/2021	Planned Parenthood Of The Rocky Mountains 7155 E 38th Ave Denver, CO 80207-1630

* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

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.

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date:9/10/2021

PRACTITIONER INFORMATION

Name: Clark, Caitlin Grace
Alternate Name(s): Cadena, Caitlin Maria
Burton, Caitlin Cadena
DOB: [REDACTED] 969
Medical School: University of Washington School of Medicine
Seattle, Washington, UNITED STATES
Year of Grad: 1997
Degree Type: MD
NPI: 1699786376

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1699786376	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
COLORADO	DR.0043725	06/28/2005	04/30/2023	09/07/2021
NEVADA	16110	09/23/2015	06/30/2023	07/07/2021
NEW YORK	219018	08/29/2000	07/31/2002	09/08/2021
OREGON	MD22947	04/13/2001	12/31/2005	08/16/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:9/10/2021

Practitioner Name: Clark, Caitlin Grace

DEA Number	Schedule	Address	Expiration Date	Last Reported
BB7418735	22N 33N 4 5	DENVER,CO 80207	08/31/2022	09/07/2021
FC5595751	22N 33N 4 5	LAS VEGAS,NV 89121	08/31/2024	09/07/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:9/10/2021
 Practitioner Name: Clark, Caitlin Grace

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Recertification	08/26/2021
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	08/26/2021
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	08/26/2021
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	08/26/2021
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	08/26/2021
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	08/26/2021
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	08/26/2021
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	08/26/2021
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	08/26/2021
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	08/26/2021
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	08/26/2021
Expired	Time Limited	11/07/2003	12/31/2009		Initial	08/26/2021

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Caitlin G Clark	700 N Colorado Blvd Ste 179 Denver, CO 80206

License Information

Some Physician Licensees have converted their Active Physician license to an Active Compact Physician License. This is noted below by the status label: Transferred to Compact Physician. If this status is present, then you may verify the license by searching for the license using the prefix "CDRH" and the Licensees Name on our Online Services page (<https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>).

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0043725	Original	Physician	Active	06/28/2005	05/01/2021	04/30/2023

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 9/24/2021 10:24:53 AM

Caitlin Grace CLARK

License Number:

16110

License Type:

Medical Doctor

License Status:

Active

Initial License Date:

Sep-23-2015

Expiration Date:

Jun-30-2023

Public Address:

7155 E 38th Ave

Public City:

Denver

Public State:

Colorado

Public ZIP Code:

80207

Public Country:

United States

Public Phone Number:

3033217526

Specialties

Education History

Postgraduate Training

License History

Board Actions

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Powered by Thentia Cloud (<https://www.thentia.com>)



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

09/24/2021

Name : BURTON CAITLIN CADENA
Address : DENVER CO
Profession : MEDICINE
License No: 219018
Date of Licensure : 08/29/2000
Additional Qualification :
Status : INACTIVE
Registered through last day of : 07/02
Medical School: UNIVERSITY OF WASHINGTON **Degree Date :** 06/13/1997

(Use your browser's back key to return to licensee list.)

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

Note: The Board of Regents does not discipline *physicians(medicine), physician assistants, or specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)
- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)



September 23, 2021 | 3:38 pm

COVID-19 Vaccines

On August 23, the FDA announced the full approval of the Pfizer-BioNTech vaccine for the prevention of COVID-19 disease in individuals age 16 and older. Read more.

[DETAILS >](#)

Department of Health

Professional Misconduct and Physician Discipline

New Physician Search **Search** 0 documents found
Physician Records **Results -**

On: 9/24/2021 11:08 AM

You searched for: Last Name: Burton First Name: CAITLIN Middle Name: _____

License: _____ Type: _____

Effective Date From: _____ Effective Date To: _____

Update Date From: _____ Update Date To: _____

*** If there is a list of name(s) above, click on each name to see the disciplinary information. If there is no list of names, there is no public disciplinary action that matches what you entered for the search.**

Reminder: This database contains public disciplinary actions for 1990 and later.

[Return to Welcome Page](#)

[Return to Professional Misconduct and Professional Discipline](#)

Send questions or comments to: opmc@health.ny.gov

Y20210923

Department of Health

License Verification Details

Subject to **Terms and Conditions**. This site is a primary source for verification of license credentials consistent with Joint Commission and NCQA standards.

Oregon Medical Board
 1500 SW 1st Ave
 Suite 620
 Portland, OR 97201
 Phone: (971) 673-2700



Information current as of 09/24/2021 10:13:17 AM

Burton, Caitlin Cadena, MD

MD License: MD22947
Originally Issued: 04/13/2001 **Basis:** USMLE
Current Status: Expired **Expedited Endorsement:** No
Status Effective: 1/5/2010

Licensee Information

Gender: Female
Specialty : Obstetrics and Gynecology
Specialty is self-reported by the licensee. It does not necessarily indicate specialty board certification.
Languages : English

Practice Location(s)

Street	City, State Zip	County	Phone
Planned Parenthood, 950 Broadway	Denver, CO 80203	Denver	303-321-8753

Education

School Name	Location	Degree Date	Degree Earned
Univ of Washington MEDEX NW	Seattle, WA United States	06/13/1997	MD

Post-Graduate Training	School Name	Location	From	To	Specialty
Residency	Strong Mem Hsp U/NY	Rochester, NY United States	07/1998		Obstetrics and Gynecology
Internship	Strong Mem Hsp U/NY	Rochester, NY United States	07/1997	06/1998	Obstetrics and Gynecology

The licensee may have completed additional education or training programs. Only those that have been verified with the primary source are shown.

Board Orders

There are no current or prior Board orders or agreements on file for this licensee.

Malpractice

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; a self-insured entity; or a health maintenance organization. Claim reporting and disclosure requirements are governed by ORS 742.400.

The settlement of a medical malpractice claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee, even though there is a closed malpractice claim on file. A payment in the settlement of a medical malpractice action does not create a presumption that medical malpractice occurred. This database represents information from reporters to date. Please note: Not all reporters may have submitted claim information

to the Board.

For malpractice claim information, [click here](#).



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Caitlin Grace Clark MD
 From: Embody Medical Aesthetics
 2949 Federal Blvd
 Suite 228
 Denver, CO 80211

SSN: ***-**-5083 Year of birth: 1969
 Fax: 62824

HSC
 11/2/2021
 CVS

- Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) MD, Business partner
- Specialty or Department: Aesthetics
- Status: (Temporary, Permanent, Provisional) Permanent
- Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2016 *To: 3/1/2019
 *In the event the To date is blank, it is assumed this date to be current.
 If these dates are not correct, please provide the correct dates: From: _____ To: _____
- Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
- Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No Yes _____ Please provide details on a separate attached sheet.
- Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No Yes _____ Please provide details on a separate attached sheet.
- Has your Executive Committee for any reason ever disciplined this practitioner? No Yes _____ Please provide details on a separate attached sheet.
- Has this practitioner been a member in good standing on your staff? No _____ Yes Please provide details on a separate attached sheet.

Would Recommend Would Not Recommend . Current Staff: Yes No

Comments: Embodly Medical Aesthetics is a small business
Dr. Clark served as my medical Director. I'm an RN.
Dana Nappinger 11.1.21

Signature: _____
 Print Name: Dana Nappinger

Date: _____
 Title: RN, DWEEK

Please return this information to the attention of:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Caitlin Grace Clark MD SSN: ***-**-5083 Year of birth: 1969
 From: Planned Parenthood of the Rocky Mountains Fax:
 38th Ave 62824
 Denver, CO 80207

1. Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
 2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active
 3. Specialty or Department: Deputy Medical Director
 4. Status: (Temporary, Permanent, Provisional) Permanent

5. Dates of Membership/Employment as Reported by Practitioner: From: 9/1/2005 *To: _____
 *In the event the To date is blank, it is assumed this date to be current.

If these dates are not correct, please provide the correct dates: From: 12/1/2008 To: current
Date started at PPRM

6. Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet. N/A - still active
 7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No x Yes _____ Please provide details on a separate attached sheet.
 8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No x Yes _____ Please provide details on a separate attached sheet.
 9. Has your Executive Committee for any reason ever disciplined this practitioner? No X Yes _____ Please provide details on a separate attached sheet.
 10. Has this practitioner been a member in good standing on your staff? No _____ Yes X Please provide details on a separate attached sheet.

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: _____

Dana Pfrangle 10.8.2021
 Signature Date
 Dana Pfrangle HR Assistant
 Print Name Title

Please return this information to the attention of:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

HSC
 10/11/2021
 CVS



October 28, 2021

Martin Caller
Hospital Services Corporation
PO Box 92200
Albuquerque, NM 87199

RE: **Caitlin G. Clark, MD**

This letter is to respond to your on-line request for verification of the above referenced provider's affiliation with the below facility(ies). The information displayed is current as of the facility's last Board meeting.

Entity	Specialty	Category	Last Board Meeting Date ³	Status ^{1,2}	Orig. Date / From Date	Appt. End Date
Presbyterian/St. Luke's Medical Center/Rocky Mountain Hospital for Children	Obstetrics & Gynecology	No Category Found	10/27/2021	Good Standing	(No Orig. Date)	(No To Date)
Rose Medical Center	Obstetrics & Gynecology	Associate/Affiliate /Affiliate	10/27/2021	Good Standing	8/26/2008	5/31/2023
Rose Surgical Center	Obstetrics & Gynecology	No Category Found	8/30/2021	Good Standing	(No Orig. Date)	9/23/2008

NOTES:

¹If "Good Standing" is referenced in the status field:

- **prior to June 1, 2019**, "Good standing" means that no professional review action as defined in the Health Care Quality Improvement Act (HCQIA) has been taken regarding this practitioner.
- **after June 1, 2019**, "Good standing" means that **none** of the following events or circumstances has occurred with the Practitioner after that date and during the most recent five (5) years the Practitioner was on the Medical Staff, whichever is the lesser of the two time periods:
 - automatic relinquishment or resignation of appointment or clinical privileges for any reason set forth in the Medical Staff Bylaws and Policies (other than those related to medical record incompleteness/delinquency);
 - voluntary agreement to modify clinical privileges or to refrain from exercising some or all clinical privileges for a period of time for reasons related to the Practitioner's qualifications or performance;
 - voluntary agreement to participate in a Performance Improvement Plan;
 - resignation of appointment or clinical privileges while clinical care, professional conduct, or health status was being reviewed;
 - resignation of appointment or clinical privileges while under an investigation in accordance with the Medical Staff Credentials Policy, or in exchange for not conducting an investigation;
 - precautionary suspension of the Practitioner's clinical privileges;
 - formal investigation in accordance with the Medical Staff Credentials Policy;
 - a grant of conditional membership or privileges (either at initial appointment or reappointment), or conditional continued membership;
 - any recommendation that entitled the Practitioner to hearing and appeal rights outlined in the Medical Staff Credentials Policy; and/or
 - a Health Issue that was addressed under the Practitioner Health Policy.

²If "Contact MSO" is referenced in the "Status" field, other fields are intentionally left blank. Please contact the Entity MSO for information.

³Information is current as of the last date on which the entity Board met to consider credentialing issues. Only the most recent term of appointment is provided in this letter. If an additional term of appointment needs to be confirmed, please contact the MSO.

It is our understanding and expectation that you will maintain this information in a strictly confidential manner, consistent with its protected and privileged status. Thank you.

Presbyterian/St. Luke's Medical Center/Rocky Mountain Hospital for Children

1719 East 19th Ave.
Denver, CO 80218
P: (303)869-2244
F: (303)869-2446

Rose Medical Center

4567 East 9th Avenue
Denver, CO 80220
P: (303)320-2484
F: (303)320-2369

Rose Surgical Center

4700 E Hale Pkwy
Ste # 200
Denver, CO 80220
P: (303)877-5918
F: (682)255-4251