

Application - Physician

Name	Sabrina A Holmquist
Credential	Physician

Fee Details

DR - Original License Fee	\$250.00
DR - Peer Fee Application	\$162.00
	\$412.00

Physician - Welcome

Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Physician by Original](#)

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- [Physician by Endorsement](#)

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for 5 of the past 7 years. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

No

2. What is your Date of Birth?

REDACTED

3. Optional - What Gender do you identify with?

Female

4. What is your Birth City?

Madison

5. What is your Birth State?

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Wisconsin

6. What is your Birth Country?

United States

Application - Military

Application | Military

9. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

10.

- If yes to the above, what branch of the military are you currently serving in?

11.

- If yes to the above, what is the Duty Station you are located at?

12. Are you a Veteran of the U.S. Military?

No

13.

- If yes to the above, what was the date of your discharge from the U.S. Military?

14. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

AoE Lawful Presence

Affidavit of Eligibility | Section A: Lawful Presence

24. Choose one of the following Lawful Presence types below and select "Next" to continue.

I am a U.S. Citizen.

AoE US Citizen Physically Present

Affidavit of Eligibility | Section A: Lawful Presence

25. Choose one of the following options and select "Next" to continue.

I am currently, physically present in the U.S.

AoE US Citizen Secure Docs

Affidavit of Eligibility | Section B: Verification Documents

26. Choose below one of the secure and verifiable document options that you will use to prove lawful presence:

U.S. Passport

27. Enter the Document Number (Drivers License/ID Number, Card Number or Passport Number):

REDACTED

AoE Attestation

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

118. Please enter today's date below:

02/15/2019

Physician - School and Method

Physician Application | Education/School Information

119. Enter the name of the approved, medical college or university from which you graduated:

University of Wisconsin School of Medicine and Public Health

120. Enter the address of the college or university (Street, City, State and Zip):

Health Sciences Learning Center, 750 Highland Ave, Madison WI 53705

121. How many years did you attend this college or university?:

4

122. Enter the date you graduated:

05/15/2000

123. Enter your title:

Medical Doctor

124. Is the above medical college or university based in a foreign country (non-United States)?

No

125.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR

- Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure):
OR
- You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;
AND
- You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

126. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Endorsement

Physician - Endorsement Information

Physician Application | Endorsement Information

137. Have you completed and passed an an examination approved by the Colorado Medical Board (CMB), the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), or the Federation of State Medical Boards (FSMB)?

RE

138. To apply by Endorsement you must have completed an internship or post graduate training approved by the Board:

- United States medical school graduates must complete 1 year of internship or post graduate training
- Foreign medical school graduates must complete 3 years of post graduate training

If you have not completed the appropriate amount of post graduate training, you cannot apply.

Can you attest that you have done one of the above options depending on your medical school location?

Yes

139. Have you practiced as a physician in Colorado or another state or jurisdiction for at least 5 of the last 7 years?

Yes

140. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 7 years:
University of Chicago Biological Sciences Division; 07/06-02/19

141. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

142.

- If you said "yes" to the question above you must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Sabrina A Holmquist	Illinois	Medical Doctor	036-111433	Active	05/24/2004	07/31/2020	No	

143.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. *Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[Illinois license Holmquist.pdf](#)

144.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.

The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: www.npdb.hrsa.gov.

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

REDACTED

145. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

146. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

Application - Screening Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

147.

- An arrest, discipline, sanction or warning?

No

148.

- Loss or suspension of any license?

No

149.

- Termination or suspension from school or employment?

No

150.

REDACTED

- Endangering the safety of others?

No

151.

- A breach of fiduciary obligations?

No

152.

- A violation of workplace or academic conduct rules?

No

153.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

R

154.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?

R

155.

- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

No

For each "yes" response above you will be required to provide:

- **A description and explanation of the behavior(s) or practice(s)**
- **Dates of the event(s)**
- **Locations(s)/Court(s)**
- **Current status(es)/outcome(s)**
- **Any accompanying documentation**

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

156. Provide a description and explanation of your behavior or practice that led to the issues noted above:

157. Enter the date(s) of the event(s)/offense(s):

158. Enter the location(s)/court(s):

159. Provide the current status/outcome of the event(s)/offense(s):

160. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

161.

- A Licensing Authority?

No

162.

- A Government Agency?

No

163.

- An Employer?

No

164.

- An Educational Institution?

No

165.

- A Professional Organization?

No

166.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

167. Provide a description and explanation of your behavior or practice that led to the issues noted above:

168. Enter the date(s) of the event(s)/offense(s):

169. Enter the location(s)/court(s):

170. Provide the current status/outcome of the event(s)/offense(s):

171. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Medical Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

172.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

173.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

No

174.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

175. Provide a description and explanation of your behavior or practice that led to the issues noted above:

176. Enter the date(s) of the event(s)/offense(s):

177. Enter the location(s)/court(s):

178. Provide the current status/outcome of the event(s)/offense(s):

179. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Physician - Attestation

Physician Application | Attestation

180. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

02/15/2019

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

181. Are you currently practicing in the healthcare profession associated with this profile?

Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

182. Practice Locations:

Address	City	State	Zip Code	Phone Number
5841 S. Maryland Ave MC 2050	Chicago	Illinois	60637	7738345129

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

183. School or Education Level:

University of Wisconsin Sch of Med and Public Hlth

184. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2000

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

185. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
Yes

Healthcare Profile - Other Licenses if Yes**Healthcare Professions Profile | Other Licenses**

186. Other Licenses:

State	License Status	Year Originally Issued
Illinois	Active	2004

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

187. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

188. Board Certifications:

Certification
Obstetrics and Gynecology

Healthcare Profile - Practice Specialties**Healthcare Professions Profile | Practice Specialties**

189. Do you have a practice specialty in which you are appropriately trained and actively practicing?
Yes

Healthcare Profile - Medical Practice Specialties if Yes**Healthcare Professions Profile | Practice Specialties**

190. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations**Healthcare Professions Profile | Colorado Hospital Affiliations**

191. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations

193. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

Healthcare Profile - Other Facility and Out of State Hospital Affiliations if Yes

Healthcare Professions Profile | Other State Hospital Affiliations

194. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
University of Chicago Medicine	Faculty	Chicago	Illinois

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

195. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

197. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes

Healthcare Professions Profile | Employer

198. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
University of Chicago Biological Sciences Division	5841 S. Maryland Ave MC 2050	Chicago	Illinois	60637	(773) 702-1000

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

199. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

201. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions

Healthcare Professions Profile | Restrictions and Suspensions

203. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

205. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

207. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

209. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

212. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

214. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

216. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

218. Optional Narrative:

Alpha Omega Alpha medical honors society, 2011 Medical student teaching awards, 2007-2019 annually

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

219. Submission Date:

02/15/2019

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
SABRINA A HOLMQUIST	CHICAGO, IL 60637	

License

License Information

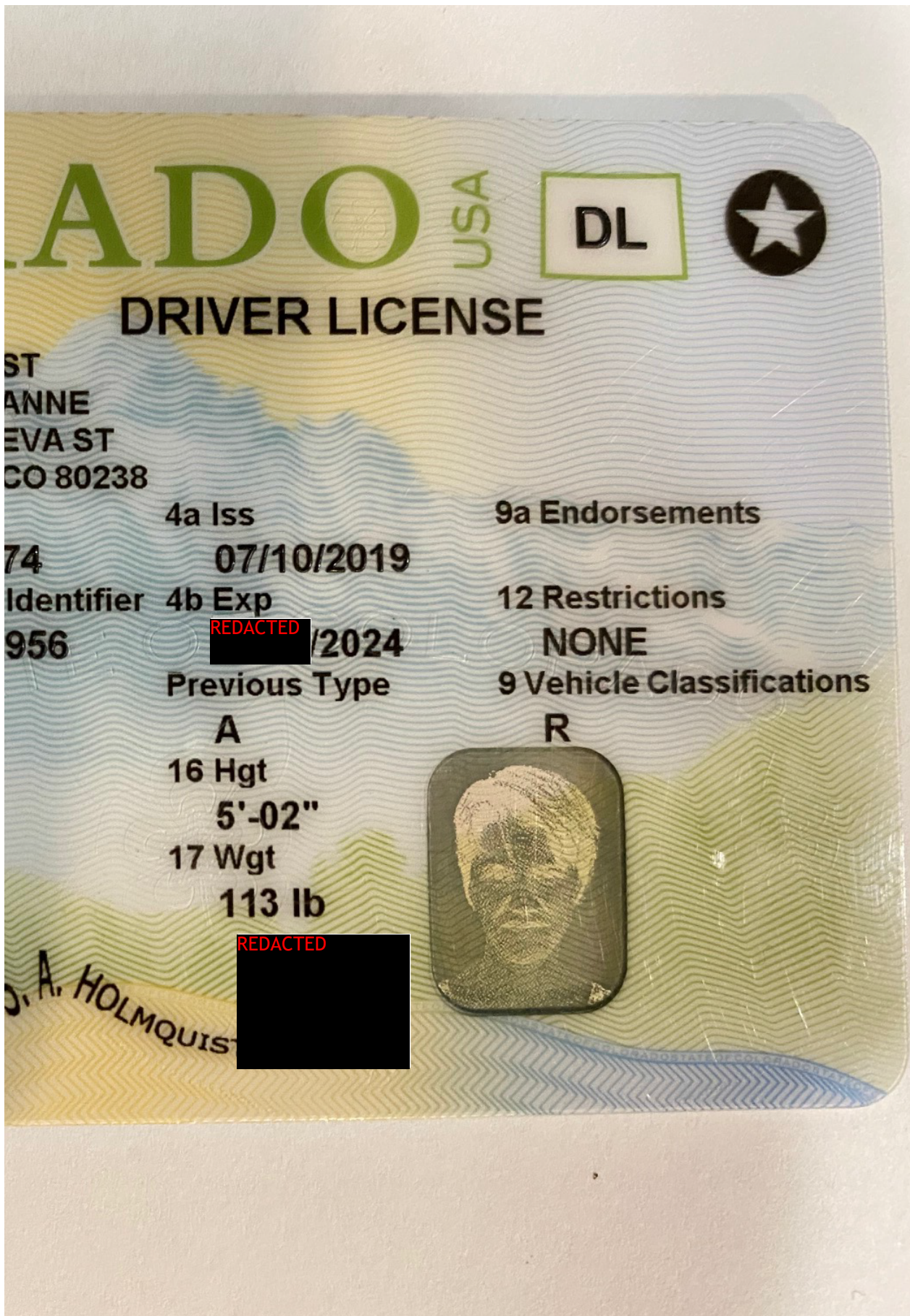
License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036111433	LICENSED PHYSICIAN AND SURGEON	ACTIVE	05/24/2004	07/12/2017	07/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****23	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	09/16/2005	07/12/2017	07/31/2020	N

Generated on: 2/8/2019 12:08:20 PM



Renewal - DR.0062075

Name	Sabrina A Holmquist
Credential	DR.0062075

Fee Details

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$14.00
DR - Portal Fee	\$2.00
DR - Renewal Fee Active	\$238.00
DR- Peer Fee	\$140.00
	\$396.00

DR_CDRH Renewal Attestations

The below attestations apply to your license's CURRENT status. You CANNOT change your status through online renewal. To change your status, please contact the licensing office at dora_dpo_licensing@state.co.us or 303-894-7800. DR have Active and Inactive options, CDRH has Active only

By renewing my license in INACTIVE status, I attest that:

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that I have NOT engaged in any conduct or exhibited any behaviors that resulted in the following following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690.:

- An arrest, discipline, sanction or warning
- Loss or suspension of any license
- Termination or suspension of any license
- Endangering the safety of others
- A breach of fiduciary obligations
- A violation of workplace or academic conduct rules
- An impairment of my ability to practice in a safe, competent, ethical and professional manner
- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently
- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

By renewing my license in ACTIVE status, I attest that I have NOT had an adverse action or administrative/judicial proceeding and I do not have a pending inquiry or investigation within the last two years by the following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690:

- A licensing authority - other than the Colorado Medical Board
- A government agency
- A court
- An employer
- An educational institution
- A professional organization
- In connection with an employment disciplinary or termination procedure

By renewing my license in ACTIVE status, I attest that: I have established and will continuously maintain professional liability insurance as required by statute.

All statuses click Next to proceed.

DR & CDRH Peer Health Provider Compliance

If you have been formally evaluated by the designated peer health provider and are in compliance with all requirements, you can attest to this renewal. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the peer health provider at no cost to address any health concerns, including psychosocial matters such as burnout and family problems.

The peer assistance program is dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

Medical Substance Use Prevention Training Attestation

Attestation for ACTIVE status Renewal: I attest that by renewing my Colorado license in an Active status, I meet the state Board's substance use prevention training requirements by one of the following methods:

I have completed at least two (2) hours of training since my last renewal in order to demonstrate competency regarding the following topics/areas:

- Best practices for opioid prescribing according to the most recent version of the Division's guidelines for the safe prescribing and dispensing of opioids.
- Recognition of substance use disorders.
- Referral of patients with substance use disorders for treatment.
- The use of the electronic prescription drug monitoring program.

OR

I am exempt from the substance use prevention training requirement for one of the following reasons:

- I maintain a national board certification that requires equivalent substance use prevention training.
- I attest that I do not prescribe opioids.

I attest that I have means to prove completion of my substance use prevention training requirements and I am aware that DORA reserves the right to review this documentation. I will provide this information IF REQUESTED through a renewal audit by the Division of Professions and Occupations.

All statuses select Next to proceed.

PDMP Renewal Attestation

By renewing your license in Active status, you agree with the following statement:

I attest that IF I maintain a current United States Drug Enforcement Agency (DEA) registration, I have registered an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) at <https://colorado.pmpaware.net>.

If you have questions about registering or to check if you have registered, please contact Appriss' 24/7 support line at (855) 263-6403 or email the Colorado PDMP Administrator at pdmpinqr@state.co.us for assistance.

Click Next to proceed.

*Affidavit of Eligibility Lawful Presence

Affidavit of Eligibility | Section A: Lawful Presence

1. To qualify for an occupational license or registration in Colorado, you must be legally allowed to work in the United States. You will need to answer the following questions to establish your lawful presence. Please select the lawful presence that you qualify for:

I am a U.S. Citizen

2. Select your physical presence:

I am physically present in the U.S.

*Affidavit of Eligibility Documents

Affidavit of Eligibility | Section B: Verification Documents

3. To prove your eligibility to work in the United States, you need to present a valid, government issued form of identification. Please select which type of document you will be uploading within this section.

Note: If you selected "I am NOT a US Citizen" in the prior section you may only select a document that has an asterisk (*) at the option.

Colorado Drivers License or Identification Card

4. Please upload an image of the document that you selected in the prior question. The image must include the full document and the print must be readable or your application process time will be delayed.

This upload option will only allow for 2MB file size. Preferences to shrink an image file if it is too large:

- Make the image black and white.
- Crop the image - allowing for only the document to be seen.
- Compress the image.
- Change the image resolution.

To upload a document, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

REDACTED

*Affidavit of Eligibility Attestation

Affidavit of Eligibility | Section C: Attestation

5. By submitting this Affidavit of Eligibility (AoE) I am attesting that I have read and understand the below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

As verification to these statements, enter today's date:

04/15/2021

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

6. Are you currently practicing in the healthcare profession associated with this profile?

Yes

REDACTED

3/2/2022

Healthcare Profile - Location of Practice if Yes (WF)**Healthcare Professions Profile | Location of Practice**

7. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E. 38th Ave Denver CO 80207	Denver	Colorado	80207	3476457294

Healthcare Profile - Medical Education and Training**Healthcare Professions Profile | Education and Training**

8. School or Education Level:

University of Wisconsin Sch of Med and Public Hlth

9. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2000

Healthcare Profile - Other Licenses**Healthcare Professions Profile | Other Licenses**

10. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

No

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

12. Do you hold any current Board Certifications?

Yes

Healthcare Profile - Medical Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

13. Board Certifications:

Certification
Obstetrics and Gynecology

Healthcare Profile - Practice Specialties**Healthcare Professions Profile | Practice Specialties**

14. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

Healthcare Profile - Medical Practice Specialties if Yes**Healthcare Professions Profile | Practice Specialties**

15. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations**Healthcare Professions Profile | Colorado Hospital Affiliations**

16. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations**Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

18. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

No

Healthcare Profile - Business Ownership**Healthcare Professions Profile | Business Ownership**

20. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

22. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

23. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood of the Rocky Mountains	7155 E. 38th Ave	Denver	Colorado	80207	(347) 645-7294

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

24. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

26. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

28. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions**Healthcare Professions Profile | Healthcare Facility Actions**

30. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment**Healthcare Professions Profile | Termination of Employment**

32. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration**Healthcare Professions Profile | DEA Registration**

34. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

37. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

39. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

41. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

43. Optional Narrative:

Alpha Omega Alpha medical honors society, 2011 Medical student teaching awards, 2007-2019 annually

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

44. Submission Date:

04/15/2021

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Sabrina A Holmquist**Date:** 3/2/2022**License:** Physician DR.0062075**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 03/12/2019**License expiration date:** 04/30/2023

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	04/15/2021	Automated
Active in Renewal	ACTIVE	03/29/2021	Automated
Active	CURRENT	03/12/2019	Automated
Pending	QUALITY ASSURANCE	03/12/2019	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	03/12/2019	Automated
Pending Specialist Initial Review - Online App	PENDING SPECIALIST INITIAL REVIEW		New License

