

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Willie James Parker
First Name Middle Name Last Name

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1841203536

Medical Board Name Washington Medical Commission

Member Board License Number IMLC.MD.61043291

Date License Issued 02/09/2020
mm/dd/yyyy

Date of Expiration 10/18/2024
mm/dd/yyyy

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign

Member Board Signature

DocuSigned by:
Kimberly M Romero
A9E71BFB17A64C1...

Type Name Kimberly M Romero

DATE 2/9/2020 | 8:03 CST

PHYSICIAN'S CORE DATA SHEET(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name willie, James, Parker
 (Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used(maiden, birth) not applicable
 First Middle Last

Mailing address 23 LicenseeAddress, 23, 23, 23
 Mailing address City State(XX) Zip

Office address 4831 sparkman Drive, Huntsville, AL, 35810
 Office address City State(XX) Zip

Date of Birth 10/18/1962 Gender: Male ☒ Female
 (mm/dd/yyyy)

Physician's office or practice telephone number of public record 256-536-2231
 (###-###-####)

Physician's cellular or alternative telephone number 23 LicenseeAddress
 (###-###-####)

Email address delegated by applicant to receive correspondence bereanwp@yahoo.com

Social Security Number: 22 Licensee SSN
 (###-##-####)

Physician's National Provider Identifier Number 1841203536

Medical Degree Received: M.D. ☒ D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School University of Iowa College of Medicine

Date of Degree Issued 05/04/1990 Name of School (no abbreviations or acronyms)
 (mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program University of Cincinnati Residency Program Completion Date 06/30/1994
 Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program obstetrics and gynecology

Qualifying Licensing exam taken: USMLE COMLEX Other ☒ FLEX
Must specify by name

Number of attempts taken to pass the USMLE:

Step 1: _____ Step 2 CS: _____ Step 2 CK: _____ Step 3: _____

Number of attempts taken to pass the COMLEX:

Step 1: _____ Step 2 PE: _____ Step 2 CE: _____ Step 3: _____

Number of attempts taken to pass other licensing exam:

Step 1: ¹_____ Step 2: ¹_____ Step 3: ¹_____

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: American Board of obstetrics and gynecology
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime:

Time limited: ☒ Expiration date of time limited 12/31/2020
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # MD 31662 Date of Original Licensure 04/18/2012 (not renewal)
(mm/dd/yyyy)

Expiration Date 12/31/2020 Status of License: Current: ☒ Not Current:
(mm/dd/yyyy)

Thank you for applying through the Interstate Medical Licensure Compact.

*The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. **YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE** to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

FOR USE OF STATE OF PRINCIPAL LICENSE

I have conducted the verification process of this physician's application.

State Authorized Signature

DocuSigned by:

Angela Morris

DCE798ED4A17475...

Type Name

Angela Morris

Title

Licensure Assistant

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.

CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed

Incorrect data

Correction

In Process

QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES ☐ NO ☒

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?:
ALABAMA
2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) ALABAMA MEDICAL LICENSURE COMMISSION? Yes ☒ No ☐
3. What is the license number issued to you by the SPL board? MD31662

4. Which of the following apply to you(at least one must apply)?

- a. Your primary residence is in the SPL ALABAMA: Yes ☒ No ☐

If yes, provide the following:

Residence Street address 23 LicenseeAddress

Residence City State Zip 23 LicenseeAddress, 23 23 LicenseeAddress
City St Zip

- b. At least 25% of your practice of medicine occurs in the SPL ALABAMA Yes ☒ No ☐

If yes, describe your current practice Abortion care, Gynecology
office based gynecology and abortion care.

- c. Your employer is located in the SPL ALABAMA: Yes ☒ No ☐

If Yes, Employer name Alabama women's Center

Employer street address 4831 Sparkman Drive

Employer City State Zip Huntsville, AL, 35810
City St Zip

- d. You have designated the SPL ALABAMA as your
state of residence for U.S. federal income tax purposes: Yes ☒ No ☐

If yes, give Tax ID # (SS#, EIN) 424904371 (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes ☒ No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes ☒ No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes ☒ No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes ☒ No

(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No ☒

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No ☒

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No ☒

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? Yes No ☒

DocuSigned by:
Physician's Signature: Willie James Parker
673DAF74519C4AF...
Type Name: willie James Parker
Date: 12/9/2019 | 5:57 CST

DATE 1/24/2020 | 3:12 CST

Letter of Qualification

IS THIS A RE-APPLICATION? YES

NO X

Date 01242020
mm/dd/yyyyName: willie James ParkerAddress: 23 LicenseeAddressCityStZip 23 LicenseeAddressDear Dr. Parker:

RE: Your application for IMLC Letter of Qualification

The Alabama Board of Medical Examiners
("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

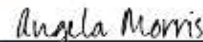
Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL

DocuSigned by:



DCE79BED4A17475

Type Name Angela MorrisTitle of Authorized SPL Licensure AssistantDATE 1/24/2020 | 10:22 CST

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN
IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, willie James Parker (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to ALABAMA as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL 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 SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

DocuSigned by:
Applicant Signature Willie James Parker
673DAF74519C4AF...
Type Applicant's Name willie James Parker
Applicant's NPI 1841203536
DATE 12/9/2019 | 5:57 CST

In Process



AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

Name and Mailing Address

WILLIE JAMES PARKER
5086 N ELSTON AVE
CHICAGO, IL 60630-2427

Birth date 10/18/1962

Primary Office Address

STE I
535 JACK WARNER PKWY NE
TUSCALOOSA, AL 35404-5751

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED FULL-TIME PHYSICIAN STAFF

Self-designated practice specialty

OBSTETRICS & GYNECOLOGY (primary)
PUBLIC HEALTH AND GENERAL PREVENTIVE
MEDICINE (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
1841203536	08/14/2006	NOT RPTD	NOT RPTD	NOT RPTD	01/15/2020

Current and/or historical medical school

UNIVERSITY OF IOWA

Degree Awarded: YES
Degree Year: 1990



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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF CINCINNATI MEDICAL CENTER INC
Sponsoring State: OHIO
Specialty: OBSTETRICS & GYNECOLOGY
Training Type:
Dates: 7/1990 - 6/1994 (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	12/31/2019	12/31/2020		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2013	12/31/2014		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/16/2012	12/31/2013		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2011	12/31/2012		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2010	12/31/2011		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2009	12/31/2010		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2008	12/31/2009		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2007	12/31/2008		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	12/31/2006	12/31/2007		RE-CERT	01/16/2020	Y
TIME LIMITED	Expired	11/15/1996	12/31/2006		INITIAL	01/16/2020	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 No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
A00053102	MD	CA	05/25/1994	NOT RPTD		INACTIVE	UNLTD	01/03/2020
MD.31662	MD	AL	04/18/2012	12/31/2020		ACTIVE	UNLTD	01/14/2020
22028	MD	MS	05/23/2012	06/30/2018	06/23/2016	INACTIVE	UNLTD	02/03/2020
1104071442	MD	GA	02/06/2014	10/31/2017		INACTIVE	UNLTD	01/16/2020
036131869	MD	IL	12/21/2012	07/31/2017		INACTIVE	UNLTD	12/06/2019
MD441490	MD	PA	11/09/2010	12/31/2016		INACTIVE	UNLTD	10/19/2018
D69574	MD	MD	07/15/2009	09/30/2013	01/01/2011	INACTIVE	UNLTD	10/01/2013
25MA09111500	MD	NJ	05/18/2012	06/30/2013		INACTIVE	UNLTD	09/10/2013
MD037446	MD	DC	06/30/2008	02/28/2013		INACTIVE	UNLTD	03/05/2014
0101246274	MD	VA	08/13/2009	11/09/2012		INACTIVE	UNLTD	12/06/2012
35063458	MD	OH	05/29/1992	04/01/2010	10/10/2007	INACTIVE	UNLTD	01/02/2020
MD11733	MD	HI	10/11/2001	01/31/2010		INACTIVE	UNLTD	02/04/2020
4301087686	MD	MI	05/08/2006	01/31/2010		INACTIVE	UNLTD	04/19/2010
28574	MD	IA	03/19/1992	10/01/1994		INACTIVE	UNLTD	01/02/2007

Action Notifications

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

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

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

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX727	22N 33N 4 5	03/31/2022	01/27/2020	4831 Sparkman Dr NW Huntsville, AL 35810-3948

Only the last three characters of active DEA numbers are displayed

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



ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.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: Washington Medical Commission As of Date:2/7/2020

PRACTITIONER INFORMATION

Name: Parker, Willie James
DOB: 10/18/1962
Medical School: University of Iowa Carver College of Medicine
Iowa City, Iowa, UNITED STATES
Year of Grad: 1990
Degree Type: MD
NPI: 1841203536

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
1841203536	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: Washington Medical Commission As of Date:2/7/2020
Practitioner Name: Parker, Willie James

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00031662	04/18/2012	12/31/2020	01/27/2020
CALIFORNIA	A-53102	05/25/1994		02/05/2020
DC	MD037446	06/30/2008	02/28/2013	01/29/2020
GEORGIA	71442	02/06/2014	10/31/2017	01/16/2020
HAWAII	MD-11733	10/11/2001	01/31/2010	08/09/2013
ILLINOIS	036131869	12/21/2012	07/31/2017	11/20/2019
IOWA	MD-28574	03/19/1992	10/01/1994	02/03/2020
MARYLAND	D69574	07/15/2009	09/30/2013	02/07/2020
MICHIGAN	4301087686	05/08/2006	01/31/2010	08/09/2013
MISSISSIPPI	22028	05/23/2012	06/30/2018	06/27/2018
NEVADA	19578	01/28/2020	06/30/2021	02/04/2020
NEW JERSEY	25MA09111500	05/18/2012	06/30/2013	02/05/2020
OHIO	35.063458	05/29/1992	04/01/2010	02/07/2020
PENNSYLVANIA	MD441490	11/09/2010	12/31/2016	01/10/2020
VIRGINIA	0101246274	08/13/2009	11/09/2012	01/15/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FP8745727	22N 33N 4 5	HUNTSVILLE,AL 35810	03/31/2022	01/10/2020

PRACTITIONER PROFILE

Prepared for: Washington Medical Commission As of Date: 2/7/2020
Practitioner Name: Parker, Willie James

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	12/31/2019	12/31/2020		Recertification	01/30/2020
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	01/30/2020
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	01/30/2020
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	01/30/2020
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	01/30/2020
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	01/30/2020
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	01/30/2020
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	01/30/2020
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	01/30/2020
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	01/30/2020
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	01/30/2020
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	01/30/2020
Expired	Time Limited	12/31/2007	12/31/2008		Recertification	01/30/2020
Expired	Time Limited	12/31/2006	12/31/2007		Recertification	01/30/2020
Expired	Time Limited	11/15/1996	12/31/2006		Initial	01/30/2020

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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.