Application Summary

License Type:	**Osteopathic Physician and Surgeon 20A**
License Number:	**15275**
File Number:	**2002268**
Application:	**Osteopathic Physician and Surgeon Renewal Application**
Application Number:	**14044659**
Application Date:	**09/18/2018 (mm/dd/yyyy)**

Personal Detail

First Name:	**BLAIR**
Middle Name:	**LYNN**
Last Name:	**CUSHING**
Birthdate:	****/**/******
Gender:	**Female**

Addresses

License Related Addresses

Address of Record

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Confidential Address

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses?	**No**

Questions

Renew Active?:	**Yes**

SMTLRP Voluntary Fees

I wish to voluntarily contribute.	**No**

Attachments

Residency Completion Cerficiation.pdf

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - None**
	Other - None
	Patient Care - 40+ Hours
	Research - None
	Teaching - None
	Telemedicine - None
Patient Care Practice Location	**Zip: 93906 County: MONTEREY**
Telemedicine Practice Location	**Zip: County:**
Patient Care Secondary Practice Location	**Zip: 95060 County: SANTA CRUZ**
Telemedicine Secondary Practice Location	**Zip: County:**
Current Training Status	**Not in Training**
Areas of Practice	**Family Medicine - Primary**
Board Certifications	**American Board of Family Medicine - Family Medicine**
Postgraduate Training Years	**3 Years**
Cultural Background	**Decline to State**
Foreign Language Proficiency	**Spanish**
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - Yes
	Gender - Yes
E-mail:	

Fees

StephenM.ThompsonLRP	**$25.00**
Active Renewal Fee	**$400.00**
CURES Fund	**$12.00**
Total Amount Due:	**$437.00**

Applications are not considered submitted for processing until payment is received.

Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: Date:

Entity Number: 63286 I
File Number:

Receipt Number: 1-0742
Amount Paid: $249

Department of Consumer Affairs
Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834
(916) 928-8390 Fax (916) 928-8392
www.ombc.ca.gov

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2016 AUG 10 PM 1:24
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

APPLICATION FOR OSTEOPATHIC PHYSICIAN'S AND SURGEON'S CERTIFICATE

Please read all instructions prior to completing this application. All questions on this application must be answered unless otherwise indicated.
In addition to this form, other essential application requirements must be completed.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

1. NAME: Last: Cushing | First: Blair | Middle: Lynn

OTHER NAMES USED if any:

3. DATE OF BIRTH: | 4. PLACE OF BIRTH: | 5. SEX: Male ☐ Female ☑

6. ADDRESS:

MAILING ADDRESS if different:

7. CONTACT INFORMATION FOR APPLICATION PROCESS:

Daytime Phone Number: E-Mail address (optional):

8. PRE-OSTEOPATHIC COLLEGE(S)	ADDRESS	DATES OF ATTENDANCE
Agnes Scott College	141 E. College Ave., Decatur, GA 30030	January 2002 - May 2004
Bard College at Simon's Rock	84 Alford Road, Great Barrington, MA 01230	August 2000 - December 2001

9. OSTEOPATHIC COLLEGE(S)	ADDRESS	DATES OF ATTENDANCE:
Texas College of Osteopathic Medicine	3500 Camp Bowie Blvd., Fort Worth, TX	DATE OF DEGREE: May 2015

10. POSTGRADUATE TRAINING INTERNSHIP (AOA) Hospital Name	Address	Type of Service	Dates of Attendance
Natividad Medical Center	1441 Constitution Blvd., Salinas, CA 93906	Family Medicine	July 2015-Present
RESIDENCY/FELLOWSHIP:		Dates of Service	

11. BOARD CERTIFIED: Yes ☐ No ☑ DATE CERTIFIED: NAME OF CERTIFYING BOARD:

12. LIST ALL WRITTEN EXAMINATIONS TAKEN e.g. NBOME, State Written Boards, USMLE, FLEX etc. B & P 2099.5

STATE WHICH EXAMINATIONS AND WHERE TAKEN	DATE COMPLETED
COMLEX Level 1 - Texas	6/11/2013
COMLEX Level 2 PE - Pennsylvania	1/20/2014
COMLEX Level 2 CE - Texas	7/21/2014
COMLEX Level 3 - California	9/10/2015

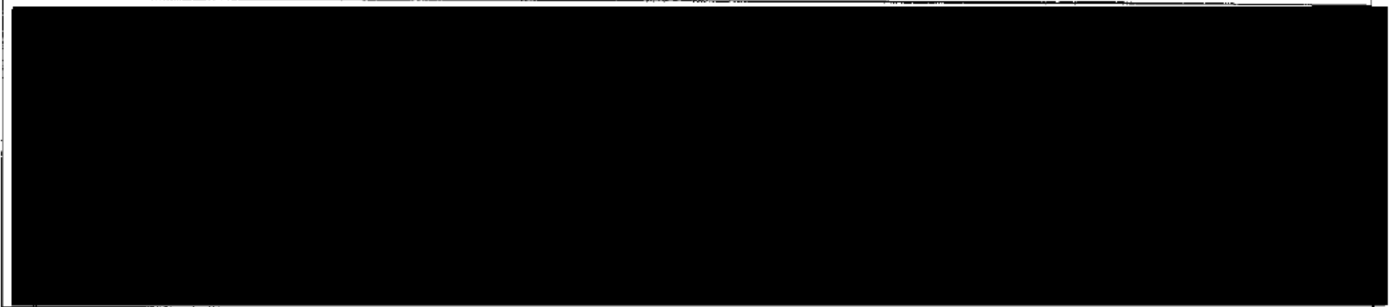
13. LIST ALL STATES IN WHICH YOU ARE NOW LICENSED OR HAVE EVER BEEN LICENSED TO PRACTICE OSTEOPATHIC MEDICINE
*Written examination, reciprocity, National Boards, etc.

STATE	DATE LICENSED	* HOW LICENSED	LICENSE NUMBER

14. Are you serving, or have you previously served in the military? Yes ☐ No ☑

15. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the US military officially assigned to a duty station in California? Yes ☐ No ☑

Question	Yes	No
16. Have you ever withdrawn from, or been suspended, dismissed or expelled from a medical school or postgraduate training? If Yes, attach explanation.	☐	☑
17. Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgment or arbitration award of over $30,000.00?	☐	☑
18. Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence?	☐	☑
19. Have you ever withdrawn an application from any hospital, public entity or licensing agency? If Yes, When?	☐	☑
20. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or not renewed for medical disciplinary cause, or resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending?	☐	☑
21. Have you ever had a medical or any healing art license restricted, suspended, revoked, disciplined or denied in any state?	☐	☑
22. Have you ever been denied permission to practice medicine or any healing art in any state?	☐	☑



IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND SUPPORTING DOCUMENTS.

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant - Sign in Presence of the Notary

8/5/16

Date