



EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406¹, please answer the following questions. If it is determined that your responses were intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military/law enforcement agencies.

1. Are you a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes No If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

2. Are you the spouse of a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes No If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

3. Do you currently reside in Kansas? Yes No If yes:

Current Kansas Residence Address: _____

4. Do you intend* to establish residency in Kansas within the next 6 months? **If you answer "yes" to this question but do not establish Kansas residency within the next 6 months, your Kansas license will be cancelled. If it is determined that your answer to this question was intentionally false or misleading, you will be subject to an administrative disciplinary action in KS and will be reported to all appropriate state/federal/military agencies in other jurisdictions.* Yes No If yes:

Intended Kansas Residence Address: _____

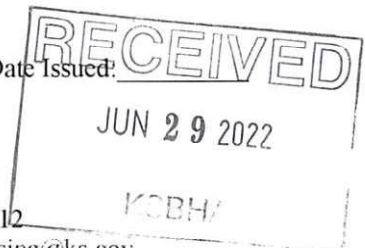
Expected Date of Commencing Residence: _____

If you answered "no" to all questions #1 through #4, you do not need to answer questions #5 through #7.

5. Are you currently licensed, registered, or certified to practice (the profession for which you are seeking licensure in Kansas) by another state, district, or territory of the United States and have worked under that license for at least 1 year. *This does not include certifications or registrations issued by private boards, professional societies, or any organization other than a government body of a state, district, or territory of the U.S.* Yes No If no:

- a. Have you practiced the profession for which you are seeking licensure in Kansas for at least 3 years in a state that does not license/register/certify the profession? Yes No
- b. Have you practiced the profession for which you are seeking licensure in Kansas for at least 2 years in a state that does not license/register/certify the profession and you held a certification or registration issued by a private organization during those 2 years? Yes No If yes:

Organization that issued private certification/registration: _____ Date Issued: _____



Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov

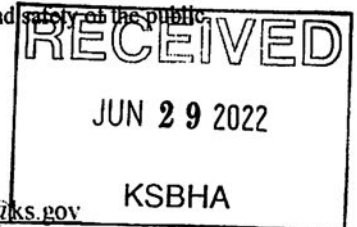


- * "Active practice" does not include care provided while in a training program, residency, or fellowship; or employment that consisted solely of research activities or administrative duties. The Board generally considers active practice to be direct patient care that for either (1) at least one full day per week for 50 weeks during a year; or (2) 400 hours during a year.
6. Have you actively practiced* the profession for which you are seeking licensure in Kansas during the last 2 years?
Yes No

If you answered "yes" to question #6, you do not need to answer question #7.

7. If you answered "No" to questions #6, please provide a detailed explanation regarding your active clinical practice and direct patient care during the 12 months immediately preceding the submission of your application. Please explain any gaps in active practice in the 12 months immediately preceding the submission for your application, including the amount of time and reason.

ⁱ An applicant who has not been in the active practice of their occupation during the two years preceding the application for which a license is sought, may be required to complete additional testing, training, monitoring or continuing education as the KSBHA deems necessary to establish present ability to practice in a manner that protects the health and safety of the public. K.S.A. 48-3406(d).



Uniform Application for Licensure

Application ID: 356617
FID: 300790243

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 5/23/2022 6:53 PM

Practitioner Name

Crystal-Ornelas, Lara Caroline

Contact Information

Address

Public Access	Board Contact	Type	Address
CONFIDENTIAL			
Yes	No	Business	1001 Potrero Avenue, Ward 6D San Francisco, CA 94110 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
CONFIDENTIAL				
Yes	No	Business	(628) 206-8358	

Email

Public Access	Board Contact	Email
CONFIDENTIAL		
Yes	No	lara.crystal-ornelas@ucsf.edu

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
53427373	CONFIDENTIAL	CONFIDENTIAL	Somerville, NJ, New Jersey UNITED STATES	F	1952842270	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Icahn School of Medicine at Mount Sinai	One Gustave L Levy Place Box 1257 New York, NY 100296574 UNITED STATES	07/20/2013	05/12/2017	05/12/2017	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

From: [Lara Crystal-Ornelas](#)
To: [Kelly, Helen \[KSBHA\]](#)
Subject: Re: FW: Kansas State Board of Healing Arts – Licensure Needed Documentation
Date: Wednesday, July 6, 2022 11:27:16 AM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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Lara Crystal-Ornelas MD MAS

On Wed, Jul 6, 2022 at 7:39 AM Kelly, Helen [KSBHA] <Helen.Kelly@ks.gov> wrote:

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Thank you,

Helen Kelly

Special Projects

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Postgraduate Training

Hospital Name: Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program
Santa Rosa, CA UNITED STATES

Program Code: ACGME 1200511065

Attendance Dates:

Institution: Sutter Santa Rosa Regional Hospital **Start Date:** 06/22/2017

Training Specialty: Family Medicine **End Date:** 06/30/2020

Program Type: Residency

Training Status: Completed

Clinical %: 90 **Administrative %:** 10

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/16/2015	Pass	1
USMLE Step 2 CK Examination		07/25/2016	Pass	1
USMLE Step 2 CS Examination		08/11/2016	Pass	1
USMLE Step 3 Examination		02/05/2018	Pass	1
State Board Exam	CA	07/24/2020	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Medical Board of California	CA	A-157490	07/30/2018	07/31/2024	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	Icahn School of Medicine at Mount Sinai	Chronology Type:	Medical Education
Address:	New York, NY US	Attendance Dates:	
Position/Dept:		From:	07/20/2013 to 05/12/2017
Clinical %:			
Admin %:			
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program	Chronology Type:	Accredited Training
Address:	Santa Rosa, CA US	Attendance Dates:	
Position/Dept:		From:	06/22/2017 to 06/30/2020
Clinical %:	90		
Admin %:	10		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	University of California, San Francisco	Chronology Type:	Other Training
Address:	San Francisco, CA US	Attendance Dates:	
Position/Dept:		From:	07/01/2020 to 06/30/2022
Clinical %:	70		
Admin %:	30		
	Employment:	Staff Privileges:	Affiliation:

Malpractice

None Reported

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Crystal-Ornelas, Lara
Caroline**

Social Security Number: **CONFIDENTIAL**

Date of Birth:

FID#: **300790243**

Recipient: **KS - Kansas State Board of
Healing Arts**

Delivery Date: **07/12/2022**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor 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 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 me being prosecuted under appropriate federal and state laws.

I authorize and request every person, 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 Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its 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 Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

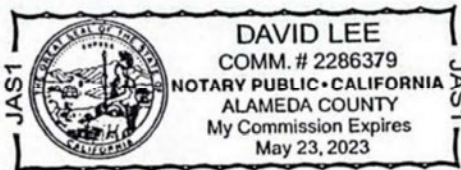


Applicant's Signature (must be signed in the presence of a notary)
CRYSTAL - ORNELAS
Applicant's Printed Last Name
LARA C.
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
06/23/2022
Date of Signature (must correspond to date of notarization)

State of California, County of Alameda

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 23 day of June, 2022.

Notary Public Signature: [Signature]
My Notary Commission Expires: 05/23/2023



Biographic Information

Medical professional Name(s): **Crystal-Ornelas, Lara Caroline**Date of Birth: **CONFIDENTIAL**

Place of Birth: Somerville, NJ, New Jersey, UNITED STATES

Contact Information

Home Address: **CONFIDENTIAL**

Mobile Phone:

Email:

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Crystal-Ornelas Lara Caroline
Last First Middle

Applicant: 

1. COMPLETE this document in the presence of a Notary.
2. SELECT the identity document used:

- Birth Certificate
- Passport

3. ATTACH a photocopy of the identity document presented to the Notary.
4. EMAIL this original document and a photocopy of the identification document to:
identitydocuments@fsmb.org.

Notary – Please complete the section below:

State of California County of Alameda

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

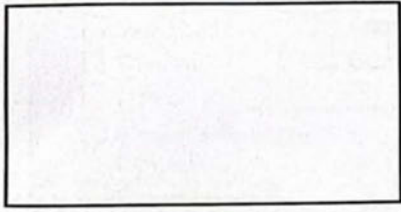
(Day) 23 of (Month) June, (Year) 2022.

Notary Public Signature: _____

Commission Expiration Date* (Month) _____ / (Day) _____ / (Year) _____

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.

Notary Stamp Here



See attached acknowledgment certificate.

FID Number
300790243

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

Civil Code § 1189

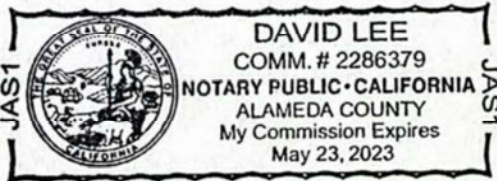
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda

On 06/23/2022 before me, David Lee Notary Public,
personally appeared LARA CAROLINE CRYSTAL ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ (including acknowledgment) Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s) _____

Signer's Name: _____ Signer's Name: _____

Corporate Officer - Title(s): _____

Corporate Officer - Title(s): _____

Partner - Limited General

Partner - Limited General

Individual Attorney in Fact

Individual Attorney in Fact

Trustee Guardian or Conservator

Trustee Guardian or Conservator

Other: _____

Other: _____

Signer Is Representing: _____

Signer Is Representing: _____

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The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/25/2013	05/12/2017	Medical Education	Icahn School of Medicine at Mount Sinai New York New York UNITED STATES
06/22/2017	06/30/2020	Postgraduate Training	Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program Santa Rosa California UNITED STATES
07/01/2020	06/30/2022	Postgraduate Training	University of California, San Francisco San Francisco California UNITED STATES

End of Chronology of Activities report for: Crystal-Ornelas, Lara Caroline



Medical Education

Medical School: Icahn School of Medicine at Mount SinaiLocation: New York, NY
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**fsmb****Institution Name:** Icahn School of Medicine at Mount Sinai**City:** New York**State/Province:** New York**Country:** UNITED STATES**Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate****Enrollment and Participation:**Our records indicate that **Crystal-Ornelas, Lara Caroline**attended our medical school for a total of **156** weeks of medical education on the following dates:From MM/DD/YYYY: **08/25/2013** To MM/DD/YYYY: **05/12/2017**This individual was awarded the degree of **Doctor of Medicine**on **05/12/2017**

DS

smg

Unusual circumstances**1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?** YES NO N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

Medical School Code: 033050

FID: 300790243

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Transcript 7. Attach Diploma 8. Do you have a Dean's Letter to Attach? YES X NO 9. Would you like to upload an additional attachment? YES NO X



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Stephanie Rodriguez-Gomez</p> <p>Title: Admin. Specialist</p> <p>Signature: <small>DocuSigned by: Stephanie Rodriguez-Gomez 34B7CBAB3A064CB...</small></p> <p>Date of Signature: 7/6/2022 Email: documentrequest@mssm.edu</p>
--	---



Office of the Registrar

One Gustave L. Levy Place
Annenberg Building-Room 1330
Box 1257
New York, NY 10029-6574

Phone 212.241.6691
Facsimile 212.369.6013
E-mail: Registrar@mssm.edu

November 9, 2021

Federation Credentials Verification Services
400 Fuller Wisser Road, Suite 300
Euless TX 76039

To Whom It May Concern:

Please add the following to our list of delegates for completion and certification of all medical education verification documents within the online MedEd Connect System (EC).

Stephanie Rodriguez-Gomez, Administrative Specialist
T: (212) 241-1919
stephanie.rodriquez-gomez@mssm.edu

Also, still responsible are:

Hoiyan Chan, Assistant Registrar
Kristy DiPalma, Associate Registrar
Kamila Bryson, Assistant Registrar
Nelson Pe, Registrar

Sincerely,

A handwritten signature in black ink, appearing to read "Nelson D. Pe", written in a cursive style.

Nelson D. Pe
Registrar



Medical School

Medical Professional Name: Crystal-Ornelas, Lara Caroline

Icahn School of Medicine at Mount Sinai

Unusual Circumstances**Did you have any interruption(s) or extension(s) in your medical education?** No**Were you ever placed on probation?** No**Were you ever disciplined or placed under investigation?** No**Were any negative reports for behavioral reasons ever filed by instructors?** No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Crystal-Ornelas, Lara Caroline

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Lara Crystal-Ornelas

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APPENDIX A

First and Second Year Courses
Icahn School of Medicine at Mount Sinai
New York, NY

The following is a list of Year 1 and 2 courses taken by students in the Class of 2017:

Year 1

Art & Science of Medicine Year 1

Structures

InFocus 1: Clinical Research Methodology and East Harlem Health

Molecular, Cellular, and Genomic Foundations

General Pathology

Immunology

Physiology

InFocus 2: Introduction to Biostatistics and Global Health

Medical Microbiology

Year 2

Art & Science of Medicine Year 2

Brain and Behavior

InFocus 3: Evidence-Based Medicine and Human Rights

Cardiovascular Pathophysiology

Pulmonary Pathophysiology

Gastrointestinal & Liver Pathophysiology

Musculoskeletal Pathophysiology

Hematologic Pathophysiology

InFocus 4: Evidence-Based Medicine and Physician Advocacy

Sexual and Reproductive Health

Endocrinologic Pathophysiology

Renal Pathophysiology

All courses are Pass/Fail and therefore comparative performance data is not available.

Some students are considered exempt from certain courses, or took other courses required from those listed for their degree programs. Please refer to this student's transcript for a detailed and complete list of courses.

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Lara Crystal-Ornelas

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APPENDIX C

Professional Attributes

Icahn School of Medicine at Mount Sinai

New York, NY

Icahn School of Medicine at Mount Sinai has an established Code of Conduct to guide the behavior of our students. By graduation, we expect graduates will use their knowledge and skills responsibly to serve the needs of patients and society:

Service

- Demonstrate a concern for the vulnerabilities of patients.
- Advocate for individual and community access to health care and resources that promote health.
- Show concern for the basic needs and life circumstances of patients.
- Demonstrate commitment to the health care needs of communities.

Leadership and Accountability

- Assume responsibility for one's own actions.
- Identify strategies for effective conflict resolution, negotiation and decision-making.
- Consistently follow up with learning tasks and patient care.
- Adhere to institutional and professional standards of medical practice.
- Recognize and report actual and potential medical errors.
- Demonstrate a commitment to quality improvement and patient safety.

Honesty and Integrity

- Be honest and ethical in clinical interactions, educational activities, scholarly work and service activities.
- Accurately represent one's role and capabilities.
- Recognize potential conflicts of interest.

Empathy

- Demonstrate compassion for the experiences and conditions of patients.
- Respond to the emotional needs of patients and their caregivers.

Respect

- Acknowledge and protect the dignity of patients.
- Act in a non-judgmental manner toward patients and caregivers.
- Ensure the privacy of health information.
- Conduct oneself in a manner appropriate to the setting and activity.

The student has met or exceeded all of the competencies outlined above.

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Lara Crystal-Ornelas

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APPENDIX E

Medical School Information Page
Icahn School of Medicine at Mount Sinai
New York, NY

Special programmatic emphases, strengths, mission/goal(s) of the medical school:

The mission of the Icahn School of Medicine at Mount Sinai is to train outstanding physicians and scientists who are prepared to enter society as informed advocates and activists, able to advance science and clinical care, and capable of promoting change.

Special characteristics of the medical school's educational program:

- Active, small group and team-based learning opportunities that encourage collective problem-solving and peer teaching in Years 1 and 2
- From Year 1, course content that is thematically integrated with a Longitudinal Clinical Experience partnering pairs of medical students with a patient and supervising physician
- InFocus weeks across all four years explore vital topics such as research methods, global health, service learning, leadership, patient safety and quality, and scientific innovation
- Clinical, translational, basic, or educational research opportunities mentored by world-class faculty that culminate in a required scholarly product or the ability to enroll in joint degree programs
- Protected half-days of FlexTime in Years 1 and 2 for self-directed individualized learning, discovery, and leadership development
- A strong emphasis on service learning and urban primary care
- Flexible scheduling during Years 3 and 4 including the option of adding a scholarly research year
- Exposure to pioneering clinical experiences such as home-based care, palliative care and an integrated longitudinal clerkship
- Use of state-of-the-art simulation and standardized patient experiences for feedback and assessment of learning
- Medical missions to raise awareness and address the health care needs of our global community

Average length of enrollment (initial matriculation to graduation) at the medical school:

3 Years 9 Months

Description of the evaluation system used at the medical school:

Years One and Two: Pass/Fail
Years One, Two, Three and Four: InFocus weeks: Pass/Fail
Years Three and Four: Required Clerkships: Honors/High Pass/Pass/Fail
Years Three and Four: Electives: Honors/Pass/Fail

Medical school requirements for successful completion of USMLE Step 1, 2: (check all that apply):USMLE Step 1:

Required for Promotion
 Required for graduation
 Required, but not for promotion/graduation
 Not required

USMLE Step 2 CK and CS

Required for Promotion
 Required for graduation
 Required, but not for promotion/graduation
 Not required

Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):

Completion of course
 Completion of third year
 Completion of clerkship
 Graduation

Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):

Reported exactly as written
 Edited for length or grammar, but not for content
 Edited for content or included selectively

Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:

Completely in compliance with Guidelines' recommendations
 Partially in compliance with Guidelines' recommendations
 Not in compliance with Guidelines' recommendations

Description of the process by which the MSPE is composed at the medical school (including number of school personnel involved in composition of the MSPE):

Information is compiled from a student's portfolio, academic records and evaluations. Each student meets individually with his or her Faculty Advisor to review each section of the MSPE for accuracy and completeness. A committee that includes representation of Student Affairs, Curricular Affairs, Medical Student Research, the Medical Scientist Training Program and the Center for Multicultural and Community Affairs oversees the compilation of data and determines the key words for Academic Performance, Leadership, Service and Extracurricular Activities, and Scholarly Work.

Students are permitted to review the MSPE prior to its transmission:

Yes
 No

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The Board of Trustees of Icahn School of Medicine at Mount Sinai
on recommendation of the Faculty of

Icahn School of Medicine at Mount Sinai

confers upon

Lara Crystal-Ornelas

the degree of

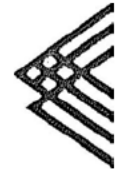
**ELECTRONIC
SEAL
VERIFIED**

Doctor of Medicine

In recognition of fulfillment of the requirements for this degree, with all the rights, privileges and honors appertaining thereto.

In testimony thereof, this diploma is duly sealed with the seal of the School and signed by the Chairman of the Board of Trustees,
the Chief Executive Officer and the Dean of Icahn School of Medicine at Mount Sinai.

Given in the City of New York on the twelfth day of May, two thousand and seventeen.



Icahn
School of
Medicine at
Mount
Sinai

[Signature]
Chairman, Board of Trustees

[Signature]
President and Chief Executive Officer
Mount Sinai Health System

[Signature]
Dean and Chief Executive Officer

[Signature]
President for Medical Education

Postgraduate Training

Accreditation ID: 1200511065

Institution: Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program

Location: Santa Rosa, CA
UNITED STATES

Accreditation ID: None

Institution: University of California, San Francisco

Location: San Francisco, CA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

The Verification of Post Graduate Training Form from University of California, San Francisco dated 07/01/2020 to 06/30/2022 reported in the Chronology of Activities is not included in the Profile.

Solution:

FCVS does not obtain verification of non-accredited training programs.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**fsmb****Verification of Postgraduate Medical Education****Accreditation Code:** 1200511065**Institution Name:** Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program**Affiliated University:** Sutter Santa Rosa Regional Hospital**City:** Santa Rosa**State:** California**Country:** United States**Verification For:** Lara Caroline Crystal-Ornelas**Date of Birth:** **CONFIDENTIAL****Program Participation:**

PGY: 1 Accredited By: ACGME Status: Complete

Specialty: Family Medicine

From: 07/01/2017 To: 06/30/2018 Program Type: Residency

PGY: 2 Accredited By: ACGME Status: Complete

Specialty: Family Medicine

From: 07/01/2018 To: 06/30/2019 Program Type: Residency

PGY: 3 Accredited By: ACGME Status: Complete

Specialty: Family Medicine

From: 07/01/2019 To: 07/01/2020 Program Type: Residency

PGY: Accredited By: Status:

Specialty:

From: To: Program Type: Residency

PGY: Accredited By: Status:

Specialty:

From: To: Program Type:

PGY: Accredited By: Status:

Specialty:

From: To: Program Type:

FID: 300790243

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | | |
|---|-----|----|-------------------------------------|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No | <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Tara Scott	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 6/30/2022	

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.



Graduate Medical Education

Medical Professional Name: Crystal-Ornelas, Lara Caroline
 Accreditation ID: 1200511065
 Institution: Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program
 Specialty: Family Medicine

Unusual Circumstances

Training Period: 6/22/2017 - 6/30/2020 Residency

Did you have any interruption(s) or extension(s) in your medical education? No
Were you ever placed on probation? No
Were you ever disciplined or placed under investigation? No
Were any negative reports for behavioral reasons ever filed by instructors? No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Crystal-Ornelas, Lara Caroline

SUTTER SANTA ROSA FAMILY MEDICINE RESIDENCY
SUTTER SANTA ROSA REGIONAL HOSPITAL

In Affiliation with University of California, San Francisco, School of Medicine

This Is To Certify That

Lara Crystal-Ornelas, M.D.

Has Completed The
RESIDENCY IN FAMILY MEDICINE

from July 1, 2017 to July 1, 2020

In Witness whereof this certificate is awarded at Santa Rosa, California



Zalmany
Dean, School of Medicine
[Signature]
Chair, Department of Family
& Community Medicine

[Signature]
Director, Family Medicine Program
[Signature]
Chief of Staff
[Signature]
Chief Executive Officer



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 07/12/2022

Federation Credentials Verification Service
ATTN: FCVS

FCVSID: 710740

Examinee: Crystal-Ornelas, Lara Caroline
Alt Name(s):

Examinee ID: 5-342-737-3
Date of Birth: CONFIDENTIAL

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/16/2015	Pass	CONFIDENTIAL		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/25/2016	Pass	CONFIDENTIAL		

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/11/2016	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
02/05/2018	Pass	CONFIDENTIAL		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



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

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

Examinee: Crystal-Ornelas, Lara Caroline

Examinee ID: 5-342-737-3

Date of Birth: CONFIDENTIAL

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date:7/12/2022

PRACTITIONER INFORMATION

Name: Crystal-Ornelas, Lara Caroline
 DOB: **CONFIDENTIAL**
 Medical School: Icahn School of Medicine at Mount Sinai
 New York, New York, UNITED STATES
 Year of Grad: 2017
 Degree Type: MD
 NPI: 1952842270

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
1952842270	Individual			11/17/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-157490	07/30/2018	07/31/2024	07/06/2022

FSMB License Status: Active

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FC7839915	22N 33N 4 5	SAN FRANCISCO,CA 94110	08/31/2024	01/05/2022

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date: 7/12/2022
 Practitioner Name: Crystal-Ornelas, Lara Caroline

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/24/2020		02/15/2023	Initial	06/30/2022

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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.

CRYSTAL-ORNELAS, LARA CAROLINE

DCN: 5500000192918474

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts

Continuous Query ID: 300000013175065

Process Date: 7/11/2022

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

CRYSTAL-ORNELAS, LARA CAROLINE - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: CRYSTAL-ORNELAS, LARA CAROLINE
Date of Birth: CONFIDENTIAL
Gender: FEMALE
Home Address: CONFIDENTIAL
Social Security Numbers (SSN):
National Provider Identifiers (NPI): 1952842270
Drug Enforcement Administration (DEA) Numbers: FC7839915
License(s): Physician (MD), A-157490, CA
Professional School(s): ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI (2017)
Subject ID: 300790243

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 7/11/2022 - 7/31/2023*
 * Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV, Section 1921, Section 1128E
Entity Name: Kansas State Board of Healing Arts
Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000
Customer Use: 300790243

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 7/11/2022

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

RECEIVED

By KSBHA at 3:28 pm, Jul 18, 2022

UA

**UNIFORM APPLICATION
FOR PHYSICIAN
STATE LICENSURE**

Postgraduate Training Verification (UA Form #3)

Applicant: Complete this form as instructed in the left sidebar.

Program Director or Designated Official: Complete as instructed in the left sidebar.

Applicant:

This form is not needed if you are using FCVS for credentials verification.

Complete Section 1 and fill in your name at the top of page 2. Type or print legibly.

Send this form to the current Program Director of your postgraduate training program.

Copy this form for multiple training programs.

Section 1: Applicant Information

Last name: CRYSTAL - ORNELAS Suffix: _____

First name: LARA

Middle name: CAROLINE

Name if different when diploma awarded: _____

Name of postgraduate training program: University of California, San Francisco Fellowship in Family Planning

CONFIDENTIAL

Date of birth: _____ Social Security number*: **CONFIDENTIAL**

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Waiver for Release of Information: I authorize the postgraduate training program listed above to provide any and all information pertaining to my medical education at that institution to the Board listed below. I request that the Program Director or a designated official complete Section 2 of this form and send it to the Board listed below at the given address.

Board name: Kansas State Board of Healing Arts

Mailing address: 800 SW Jackson, Lower Level - Suite A

City/State/Zip: Topeka, KS 66612

Applicant signature: [Signature] Date: 07/18/2022

Dean or Designated Official:

Please complete Section 2. Report incomplete years separately from those that were completed successfully. Report each Internship, Residency, and Fellowship separately.

Use one section per specialty/subspecialty. Provide a schedule of rotations if the specialty/ subspecialty is rotating/transitional.

Make copies and attach additional pages if necessary.

Send this form to the Kansas State Board of Healing Arts at the address listed in Section 1 with any added documentation, if applicable.

Section 2: Postgraduate Training Verification

Institution name: Zuckerberg San Francisco General Hospital

Institution address: 1001 Potrero Ave.

Institution city / state or province / zip code: San Francisco, CA 94110

Affiliated medical school name: University of California, San Francisco

Institution / school name if different when the applicant attended: _____

Postgraduate year (e.g., 1, 2, 3, etc.): 4 & 5 Internship Residency Fellowship

Research Chief Residency Other: _____

Specialty/Subspecialty: Family Medicine - Family Planning

Attendance dates: From 7/1/2020 to 6/30/2022

Successfully completed*? Yes No In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

Accredited by: ACGME AOA LCGME RSC CFPC
 RCPSC APPAP None of these

Applicant Name: LARA CRYSTAL - OKNELAS

Postgraduate year (e.g., 1, 2, 3, etc.): _____ Internship Residency Fellowship
 Research Chief Residency Other: _____

Specialty/Subspecialty: _____

Attendance dates: From _____ to _____

Successfully completed*? Yes No In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

Accredited by: ACGME AOA LCGME RSC CFPC
 RCPSC APPAP None of these

Postgraduate year (e.g., 1, 2, 3, etc.): _____ Internship Residency Fellowship
 Research Chief Residency Other: _____

Specialty/Subspecialty: _____

Attendance dates: From _____ to _____

Successfully completed*? Yes No In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

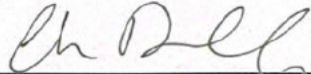
Accredited by: ACGME AOA LCGME RSC CFPC
 RCPSC APPAP None of these

Please explain any "Yes" response on an additional page or in the blank sidebar area above.

Unusual Circumstances

- 1. Did this individual ever take a leave of absence or break from his/her training? Yes No
- 2. Was this individual ever placed on probation? Yes No
- 3. Was this individual ever disciplined or placed under investigation? Yes No
- 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No
- 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems, or any other reason? Yes No

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

Signature: 

Print name: Christine Dehlendorf

Title: Fellow Director

Date: 7/18/22

Phone number: 415-516-8917 Fax number: 628-206-3112

Email: Christine.Dehlendorf@ucsf.edu

AFFIX INSTITUTIONAL SEAL HERE
(If no seal is available, this form must be notarized.)

Seal Verified KSBHA

From: [Kirsch, Molly](#)
To: [Kelly, Helen \[KSBHA\]](#)
Subject: FW: Post-Graduate verification for Kansas
Date: Monday, July 18, 2022 2:30:10 PM
Attachments: [image001.png](#)
[image002.png](#)
[Crystal-Ornelas, Lara_ver_7-18-22_SIGNED.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Helen,

I've attached the completed verification for Dr. Lara Crystal-Ornelas. Please note that due to me working remotely, I am unable to get an institutional seal or notary.

Thank you,
Molly



Molly Kirsch, MPA (*she/her/hers*)

Complex Family Planning Fellowship Coordinator
UCSF Dept of Ob/Gyn & R.S. at ZSFG
1001 Potrero Ave., Ward 6D23
San Francisco, CA 94110
Cell: (415) 710-9159

CONFIDENTIALITY NOTICE: This email, including all attachments, may contain confidential and privileged material for the sole use of the intended recipient addressed above. Any review, dissemination, distribution or copying of this material by someone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender and delete the message and destroy all hard copy print outs.

From: Lara Crystal-Ornelas **CONFIDENTIAL**
Sent: Monday, July 18, 2022 11:45 AM
To: Kirsch, Molly <Molly.Kirsch@ucsf.edu>
Subject: Post-Graduate verification for Kansas

This Message Is From an External Sender

This message came from outside your organization.

Hi Molly,
I hope this message finds you well.

I am hoping you can fill out this post-graduate verification form when you have a moment. I have

gotten approval that for expedited processing, you can email the completed form directly to the email address below:

Helen.Kelly@ks.gov

Will you let me know once it's been sent so I can confirm with them?

Thanks so much,
Lara

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar. Send this notarized form to the Kansas State Board of Healing Arts, 800 SW Jackson, Lower Level - Suite A, Topeka, KS 66612

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to:

Kansas State Board of Healing Arts 800 SW Jackson, Lower Level - Suite A Topeka, KS 66612

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this 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 Uniform Application for Physician State Licensure 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 my being prosecuted under appropriate federal and state laws.

I authorize and request every person, 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 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 any of its 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, its agents or representatives, and any person, 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 Board.

I will immediately notify the Board 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 license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



[Handwritten signature]

Applicant's signature (must be signed in the presence of a notary)

CRYSTAL - ORNELAS

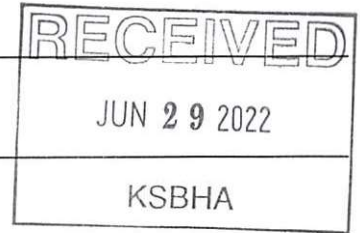
Applicant's printed last name

LARA C.

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

06/27/2022

Date of signature (must correspond to date of notarization)



fold up After folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope. fold up

Notary

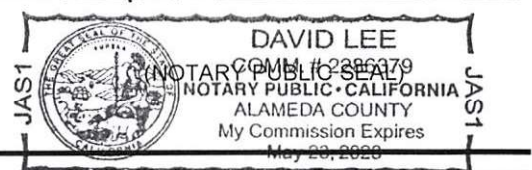
State of CA County of ALAMEDA

Seal Verified KSBHA

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 24 day of JUNE, 20 22

Notary Public Signature: [Signature] My Notary Commission Expires: 05/23/2023



ADDENDUM 1

KANSAS STATE BOARD OF HEALING ARTS

Select the discipline applying for and the license designation being requested.

Medicine & Surgery Osteopathic Medicine & Surgery

Active

A license issued to a person authorizing the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Applicants for active licensure must provide evidence of professional liability insurance (which will be in effect as of the date of licensure) in compliance with Kansas law before a license will be issued. Each active license may be renewed annually. Licensees must maintain and submit evidence of satisfactory completion of a program of continuing education. Licensees must maintain and submit evidence of professional liability insurance, and contribute to the Kansas Health Care Stabilization Fund (more information about this fund can be found here: <https://hcsf.kansas.gov/>).

Federal Active

A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practiced that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

Inactive

A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Exempt

A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

List intended professional activities: _____

Additional Information:

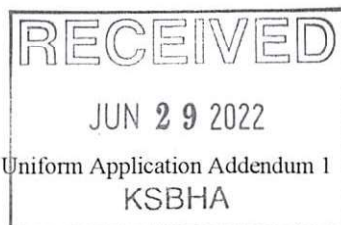
1. Have you ever been licensed to practice the Healing Arts in Kansas? Yes No

2. Give location of intended practice in Kansas Wichita, Kansas

3. Primary Specialty Family Medicine

American Board Certified June 24, 2020 American Board Eligible _____

certification #: 1054757343





**ADDENDUM 2
ATTESTATION QUESTIONS**

Please answer each of the following questions. **All "yes" answers MUST be thoroughly explained in detail on a separate signed page.** You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

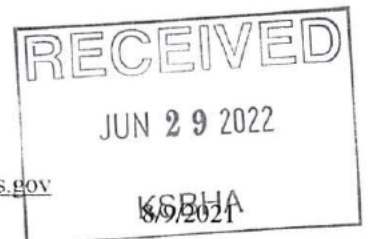
If you are unsure of your response to a question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the "no" box.

Lara Caroline Crystal - Ornelas
Full Name of Applicant

06/22/2022
Date

- 1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training? Yes No
- 2. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes No
- 3. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes No
- 4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
- 5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
- 6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
- 7. Have you ever voluntarily surrendered any professional license? Yes No
- 8. Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held? Yes No
- 9. Have you ever been notified or requested to appear before a licensing or disciplinary agency? Yes No
- 10. To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility? Yes No

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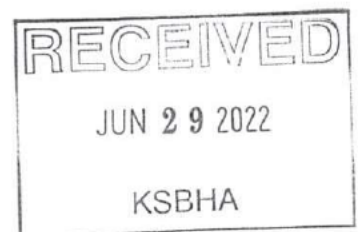




11. Has any professional association imposed any disciplinary action against you? Yes No
12. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner? Yes No
13. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances? Yes No
14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way? Yes No
15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? Yes No
16. Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes No
17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes No
18. Have you ever been court martialled or discharged dishonorably from the armed services? Yes No
19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes No
20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company? Yes No
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company? Yes No

CONFIDENTIAL

It is your continued duty to update the Board on any changes once the application has been submitted.



**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ___ *OR* have not been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

The name, address, and date of birth provided below appear on a valid identification document as defined in Title 28 United States Code, section 1028.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

[Signature] _____ Date 6/27/2022

Lara Caroline Crystal-Ornelas _____ **CONFIDENTIAL**
Printed Name Date of Birth

CONFIDENTIAL
Residential Address City State Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:	<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID Card
	<input type="checkbox"/> Military ID Card	
State/Branch: <u>California</u>	ID Number: _____	CONFIDENTIAL

Agency Name: RED TOMATOES DIGITAL LIVE SCAN

Address: 610 16th St #321 Oakland CA 94612

Telephone: (510) 847-4828 Fax: 801 730 6228

Name of Individual Verifying Identity: Chitra Dhandup CA DOJ certified Fingerprint Roller

RECEIVED
JUN 29 2022
Page | 3
KSBHA

AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.

CONFIDENTIAL



AMA Physician Profile

RECEIVED
By ksbha at 7:52 am, Jun 24, 2022

Name and Mailing Address

LARA CAROLINE CRYSTAL-ORNELAS
SANTA ROSA FAMILY MEDICINE RESIDENCY
SUTTER SANTA ROSA REGIONAL HOSPITAL
3569 ROUND BARN CIR STE 200
SANTA ROSA, CA 95403-5784

Primary Office Address

SAME AS MAILING ADDRESS

Birth date **CONFIDENTIAL**

Phone (415) 206-8524

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1952842270	03/20/2017	NOT RPTD	NOT RPTD	NOT RPTD	06/17/2022

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	08/2013	Degree Date:	05/2017

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	SUTTER MEDICAL CENTER OF SANTA ROSA
Sponsoring State:	CALIFORNIA
Program name:	SUTTER SANTA ROSA REGIONAL HOSPITAL/UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) PROGRAM
Specialty:	FAMILY MEDICINE
Training Type:	SPECIALTY
Dates:	07/2017 - 06/2020
Status:	COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the 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 FAMILY MEDICINE
 Certificate: FAMILY MEDICINE
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	07/24/2020	n/a	02/15/2023	INITIAL	06/21/2022	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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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

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
A-157490	MD	CA	07/30/2018	07/31/2024		ACT	UNL	06/14/2022	LARA CAROLINE CRYSTAL-ORNELAS

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

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

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 select 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 AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician 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, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

RECEIVED

By KSBHA at 2:15 pm, Jul 18, 2022

KAMMCO

On Behalf of Kansas Health Care
Provider Insurance Availability Plan

LETTER OF INTENT

July 18, 2022

Kansas State Board of Healing Arts
800 S.W. Jackson, Lower Level, Ste. A
Topeka, KS 66612

RE: Lara Crystal-Ornelas, MD

TO WHOM IT MAY CONCERN:

Pending confirmation by the Kansas Health Care Provider Insurance Availability Plan (Plan) from the Kansas Board of Healing Arts (the Board) that Lara Crystal-Ornelas, MD has been approved for an active Kansas license, the Plan will provide claims-made coverage effective as soon as possible, with limits of \$500,000 per claim/\$1,500,000 annual aggregate. This will also confirm that in addition to coverage with the Plan, Dr. Crystal-Ornelas has selected \$500,000 per claim/\$1,500,000 annual aggregate limits with the Health Care Stabilization Fund.

Please note this Letter of Intent confers no conditions or obligations on the Plan to provide notice should Dr. Crystal-Ornelas make the decision not to purchase Plan coverage. Additionally, this letter is not proof of coverage.

Please do not hesitate to contact the Underwriting Department with questions.

Sincerely,



Sara Patry
Underwriter

From: [Sara Patry](#)
To: [KSBHA_Licensing](#)
Subject: Lara Crystal-Ornelas, MD - letter of intent attached
Date: Monday, July 18, 2022 10:49:42 AM
Attachments: [email_sig_logo_8c91e9ed-47b3-4b42-a947-0e2fe894c04e1111.png](#)
[fb_5760325c-6b93-4e4d-90ae-191c1cb85005111.png](#)
[in_d4fd9ac-bf38-48bc-aca4-2218dc12af9d111.png](#)
[Lara Crystal-Ornelas, MD - letter of intent.pdf](#)
Importance: High

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning –

Please find attached the Plan’s letter of intent on Dr. Lara Crystal-Ornelas, MD.

If you have any questions, please feel free to contact me.

Thanks,



Sara Patry

Underwriter

623 SW 10th Avenue Topeka, Kansas 66612

Office: 785.232.2224 | Fax: 785.232.4704

w: www.KAMMCO.com | e: SPatry@kammco.com



From: [Scott Maccio \(he/him/his\)](#)
To: [KSBHA Licensing](#)
Subject: AMA Profile Reports
Date: Thursday, June 23, 2022 5:09:49 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[licenseBoardBatch 06-23-22 KS.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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- Lara Crystal-Ornelas

CONFIDENTIAL



Scott Maccio
Credentialing Product Support Specialist
[Renew your AMA membership, or join today!](#)



OFFICIAL RECEIPT
KANSAS BOARD OF HEALING ARTS
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
(785) 296-7413

RECEIPT NUMBER: 703134

DATE: 06/29/2022

NAME:	LICENSE TYPE:	FEE:	LIC #:
Lara C Crystal-Ornelus	MD APPLICATION	300.00	
	KBI	47.00	
	NPDB	3.00	

AMOUNT: 350.00 TYPE: Credit Card CH/CC #: 052023

RECEIVED FROM:

Lara Crystal-Ornelas
CONFIDENTIAL

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



PHONE: 785-296-7413
FAX: 785-368-7103
KSBHA_healingarts@ks.gov
www.ksbha.org

Susan B Gile, Acting Executive Director

Laura Kelly, Governor

July 6, 2022

Lara Caroline Crystal-Ornelas, MD

CONFIDENTIAL

Dear Lara Caroline Crystal-Ornelas:

CONFIDENTIAL

Sincerely,

Helen Kelly

Licensing Specialist | Phone: 785-296-5206 | Email: helen.kelly@ks.gov

BOARD MEMBERS: TOM ESTEP, MD, PRESIDENT, Wichita • RONALD M. VARNER, DO, VICE PRESIDENT, Augusta • ABEBE ABEBE, MD, Shawnee
MARK BALDERSTON, DC, Shawnee • MOLLY BLACK, MD, Shawnee • RICHARD BRADBURY, DPM, Salina • R. JERRY DEGRADO, DC, Wichita
ROBIN D. DURRETT, DO, Great Bend • STEVEN J. GOULD, DC, Cheney • CAMILLE HEEB, MD, Topeka • STEVE KELLY, PUBLIC MEMBER, Newton
JENNIFER KOONTZ, MD, Newton • JOHN F. SETTICH, PH.D., PUBLIC MEMBER, Atchison • STEPHANIE SUBER, DO, Lawrence • SHERRI WATTENBARGER, PUBLIC MEMBER, Overland Park

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA_healingarts@ks.gov

CONFIDENTIAL

From: Kelly, Helen [KSBHA]

Subject:

FW: Kansas State Board of Healing Arts – Licensure Needed Documentation

Date:

Wednesday, July 6, 2022 9:39:00 AM

Attachments:

[MRL.pdf](#)

CONFIDENTIAL

Thank you,

Helen Kelly

Special Projects

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email: Helen.Kelly@ks.gov

Phone 785.296.5206

Fax 785.296.0852

<http://www.ksbha.org/main.shtml>

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From: Kelly, Helen [KSBHA]

Sent: Wednesday, July 6, 2022 9:36 AM

CONFIDENTIAL

Cc: 'lara.crystal-ornelas@ucsf.edu' <lara.crystal-ornelas@ucsf.edu>

Subject: Kansas State Board of Healing Arts – Licensure Needed Documentation

CONFIDENTIAL

ATTENTION Doctor of Osteopathic Medicine & Surgery: If you have applied or are applying for your initial license, please note the Board requires all licensed professionals to renew their license annually.

Applicants licensed before August 1, 2022 will be required to renew in September of 2022, those licensed on or after August 1, 2022 will be required to renew in September of 2023.

To request the license be issued on or after August 1st the applicant must submit an email prior to final review of the application, requesting the license be issued on or after August 1st. Submitting a request does not guarantee the license will be issued on August 1st, time of issuance will vary.

Thank you,

Helen Kelly

Special Projects

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email: Helen.Kelly@ks.gov

Phone 785.296.5206

Fax 785.296.0852

<http://www.ksbha.org/main.shtml>

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:5/24/2022

PRACTITIONER INFORMATION

Name: Crystal-Ornelas, Lara Caroline
 DOB: **CONFIDENTIAL**
 Medical School: Icahn School of Medicine at Mount Sinai
 New York, New York, UNITED STATES
 Year of Grad: 2017
 Degree Type: MD
 NPI: 1952842270

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
1952842270	Individual			11/17/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-157490	07/30/2018	07/31/2024	05/18/2022

FSMB License Status: Active

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FC7839915	22N 33N 4 5	SAN FRANCISCO,CA 94110	08/31/2024	01/05/2022

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:5/24/2022

Practitioner Name: Crvstal-Ornelas. Lara Caroline

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/24/2020		02/15/2023	Initial	04/28/2022

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This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

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.



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

RECEIVED

By ksbha at 7:10 am, Jun 27, 2022

Licensing Program

2005 Evergreen Street, Suite 1200

Sacramento, CA 95815-5401

Phone: (916) 263-2382

Fax: (916) 263-2487

www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

June 24, 2022

Kansas State Board of Healing Arts
800 SW Jackson
Lower Level-Suite A
Topeka, KS 66612

To Whom It May Concern:

This is to certify that as of June 24, 2022, the records of the Medical Board of California (Board) indicate the following information:

Physician:	LARA CAROLINE CRYSTAL-ORNELAS
License Number:	A157490
Issued Date:	July 30, 2018
Exam Type:	A Written Examination
Expiration Date:	July 31, 2024
License Status:	Current
Board Discipline and/or Administrative Action:	No

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Chief of Licensing

From: support@veridoc.org
To: [KSBHA Licensing](#)
Subject: License Verification Statement - CRYSTAL-ORNELAS, LARA
Date: Friday, June 24, 2022 3:32:33 PM
Attachments: [v1007072AA.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: CRYSTAL-ORNELAS, LARA

Transaction ID: 1007072

Confirmation Number: 1**CONFIDENTIAL**

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

[California Medical Board of](#)



ADDENDUM 4
FINGERPRINT AND BACKGROUND CHECK INSTRUCTIONS

A criminal background check is required prior to issuance of licensure. Be aware that fingerprint processing may delay your application. **Please make it a priority to complete the fingerprint process.**

Following is the Waiver Agreement and FBI Privacy Act Statement. Please complete, sign and date the top portion of this form. At the time fingerprints are collected the fingerprinting agency must complete the bottom portion. Mail the completed form and fingerprint card to the Board. Fingerprints will not be submitted for processing without a completed and signed Waiver Agreement.

Fingerprinting should be conducted by a person who is appropriately trained to collect fingerprints. It is not necessary that it be a law enforcement agency, however they must be authorized to do fingerprints. Please visit <https://www.nbinformation.com/locations/locationMap.php> for a listing of fingerprinting locations.

Fingerprints to be submitted for background checks must be recorded on the current version of the FBI's Applicant Fingerprint Card, FD Form 258. Some agencies offer electronic scanning (Livescan) please note the fingerprints must be printed on the fingerprint card and submitted to the Board. Please check with the fingerprinting agency to see if fingerprint cards are available or if a fee is required. To request a fingerprint card be mailed to you please email KSBHA_Licensing@ks.gov or call (785) 296-7413.

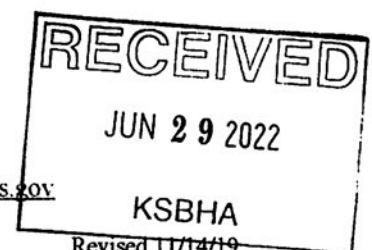
Complete the applicant section of the fingerprint card. Ensure the appropriate data fields are completed prior to submission. Include name, aliases, complete mailing address, social security number, citizenship, date of birth, and personal information (sex, race, height, weight, eyes, hair, place of birth). The spaces for OCA, FBI and MNU numbers can be left blank. Cards with missing or incomplete information will be rejected and must be resubmitted.

Mail the completed Waiver Agreement and fingerprint card to the Board. You may want to use a mailing service that allows for delivery confirmation.

Kansas State Board of Healing Arts
Attn: Licensing
800 SW Jackson, Lower Level – Suite A
Topeka, KS 66612
Phone: (785) 296-0934
Email: KSBHA_Licensing@ks.gov

Fingerprint results are valid for 6 months from the date received. Applications for licensure completed after the 6-month period will be required to submit a new Waiver Agreement, fingerprint card, and \$47 fee.

Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org



**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) **The Kansas State Board of Healing Arts** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Childcare Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law 103-209 and Public Law 105-251. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

FBI PRIVACY ACT STATEMENT

Authority:

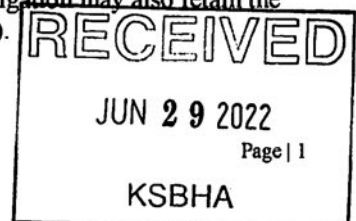
The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).



**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306



PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:6/23/2022

PRACTITIONER INFORMATION

Name: Crystal-Ornelas, Lara Caroline
 DOB: **CONFIDENTIAL**
 Medical School: Icahn School of Medicine at Mount Sinai
 New York, New York, UNITED STATES
 Year of Grad: 2017
 Degree Type: MD
 NPI: 1952842270

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
1952842270	Individual			11/17/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-157490	07/30/2018	07/31/2024	06/22/2022

FSMB License Status: Active

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FC7839915	22N 33N 4 5	SAN FRANCISCO,CA 94110	08/31/2024	01/05/2022

PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:6/23/2022
 Practitioner Name: Crystal-Ornelas, Lara Caroline

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/24/2020		02/15/2023	Initial	05/26/2022

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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Uniform Application for Licensure

Application ID: 358954
FID: 300790243

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 6/27/2022 11:44 AM

Practitioner Name

Crystal-Ornelas, Lara Caroline

Contact Information

Address

Public Access	Board Contact	Type	Address
CONFIDENTIAL			

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
CONFIDENTIAL				

Email

Public Access	Board Contact	Email
CONFIDENTIAL		

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
53427373	CONFIDENTIAL	CONFIDENTIAL	Somerville, NJ, New Jersey UNITED STATES	F	1952842270	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Icahn School of Medicine at Mount Sinai	One Gustave L Levy Place Box 1257 New York, NY 100296574 UNITED STATES	07/20/2013	05/12/2017	05/12/2017	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name:	Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program Santa Rosa, CA UNITED STATES	Program Code:	ACGME 1200511065
		Attendance Dates:	
Institution:	Sutter Santa Rosa Regional Hospital	Start Date:	06/22/2017
Training Specialty:	Family Medicine	End Date:	06/30/2020
		Program Type:	Residency
Training Status:	Completed		
Clinical %:	90	Administrative %:	10
<hr/>			
Hospital Name:	University of California, San Francisco San Francisco, CA UNITED STATES	Program Code:	
		Attendance Dates:	
Institution:		Start Date:	07/01/2020
Training Specialty:	Fellowship in Family Planning (non-ACGME)	End Date:	06/30/2022
		Program Type:	Fellowship/Research
Training Status:	Completed		
Clinical %:	70	Administrative %:	30

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/16/2015	Pass	1
USMLE Step 2 CK Examination		07/25/2016	Pass	1
USMLE Step 2 CS Examination		08/11/2016	Pass	1
USMLE Step 3 Examination		02/05/2018	Pass	1
State Board Exam	CA	07/24/2020	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Medical Board of California	CA	A-157490	07/30/2018	07/31/2024	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	Icahn School of Medicine at Mount Sinai	Chronology Type:	Medical Education
Address:	New York, NY US	Attendance Dates:	
Position/Dept:		From:	07/20/2013 to 05/12/2017
Clinical %:			
Admin %:			
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Sutter Santa Rosa Regional Hospital/University of California (San Francisco) Program	Chronology Type:	Accredited Training
Address:	Santa Rosa, CA US	Attendance Dates:	
Position/Dept:		From:	06/22/2017 to 06/30/2020
Clinical %:	90		
Admin %:	10		
	Employment:	Staff Privileges:	Affiliation:

Malpractice

None Reported

Topeka, Kansas 66612

Email: Helen.Kelly@ks.gov

Phone 785.296.5206

Fax 785.296.0852

<http://www.ksbha.org/main.shtml>

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From: Kelly, Helen [KSBHA]

Sent: Wednesday, July 6, 2022 9:36 AM

CONFIDENTIAL

Subject: Kansas State Board of Healing Arts – Licensure Needed Documentation

Hello Dr. Crystal-Ornelas,

CONFIDENTIAL

ATTENTION Doctor of Osteopathic Medicine & Surgery: If you have applied or are applying for your initial license, please note the Board requires all licensed professionals to renew their license annually.

Applicants licensed before August 1, 2022 will be required to renew in September of 2022, those licensed on or after August 1, 2022 will be required to renew in September of 2023.

To request the license be issued on or after August 1st the applicant must submit an email prior to final review of the application, requesting the license be issued on or after August 1st. Submitting a request does not guarantee the license will be issued on August 1st, time of issuance will vary.

Thank you,

Helen Kelly

Special Projects

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email: Helen.Kelly@ks.gov

Phone 785.296.5206

Fax 785.296.0852

<http://www.ksbha.org/main.shtml>

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PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:6/27/2022

PRACTITIONER INFORMATION

Name: Crystal-Ornelas, Lara Caroline
 DOB: **CONFIDENTIAL**
 Medical School: Icahn School of Medicine at Mount Sinai
 New York, New York, UNITED STATES
 Year of Grad: 2017
 Degree Type: MD
 NPI: 1952842270

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

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LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
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FSMB License Status: Active

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FC7839915	22N 33N 4 5	SAN FRANCISCO,CA 94110	08/31/2024	01/05/2022

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:6/27/2022

Practitioner Name: Crvstal-Ornelas. Lara Caroline

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/24/2020		02/15/2023	Initial	05/26/2022

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AOA® CERTIFICATION HISTORY

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