

Application - Physician

| | |
|------------|----------------------|
| Name | Mark Joseph Hathaway |
| Credential | Physician |

Fee Details

| | |
|---------------------------|-----------------|
| DR - Original License Fee | \$275.00 |
| DR - Peer Fee Application | \$140.00 |
| | \$415.00 |

Physician - Welcome

Physician Application | Welcome

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

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

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

- [Physician by Original](#)

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

- [Physician by Endorsement](#)

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

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

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

Application - Applicant Information

Application | Applicant Information

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

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

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

No

2. What is your Date of Birth?

██████████

EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add no-reply@www.colorado.gov and dpo-no-reply@state.co.us to your email client "safe senders" list.

Application - Military

Application | Military

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

No

6.

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

7.

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

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

No

9.

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

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

No

Physician - School and Method

Physician Application | Education/School Information

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

University of Kentucky College of Medicine

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

William R. Willard Medical Education Building, MN 150, Lexington, KY 40536

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

4

14. Enter the date you graduated:

05/15/1993

15. Enter your title:

Medical Doctor

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

No

17.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
 - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure): OR
 - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;
AND
 - You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

18. Ready to move on? Great!

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

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

Endorsement

Physician - Endorsement Information

Physician Application | Endorsement Information

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

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

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

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

Yes

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

Yes

32. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 7 years:

Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego) - 03/15 - Present; caraferm - 10/15 - present; Planned Parenthood of Metropolitan Washington DC - 1/20 - present

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

Yes

34.

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

| Name of License Holder | State | LicenseType | LicenseNumber | License Status | LicenseIssuedDate | License Expiration Date | Disciplinary Action | Type of Endorsement(s) |
|------------------------|----------------------|-------------|---------------|----------------|-------------------|-------------------------|---------------------|------------------------|
| Mark J. Hathaway, MD | Maryland | Full | D0052934 | Active | 01/20/1998 | 09/30/2022 | No | |
| Mark J. Hathaway, MD | Virginia | Full | 0101254460 | Active | 07/10/2013 | 08/31/2022 | No | |
| Mark J. Hathaway, MD | District of Columbia | Full | MD21559 | Active | 11/28/1995 | 12/31/2022 | No | |

35.

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

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

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

LV [redacted]

36.

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

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

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

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

[Documents Forthco](#) [REDACTED]

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

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

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

Yes

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

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

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

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

Yes

Application - Screening MEDICAL Questions

Application | Screening Questions

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

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

39.

- An arrest, discipline, sanction or warning?

No

40.

- Loss or suspension of any license?

No

41.

- Termination or suspension from school or employment?

No

42.

- Endangering the safety of others?

No

43.

- A breach of fiduciary obligations?

No

44.

- A violation of workplace or academic conduct rules?

No

45.

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

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#), at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

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

By answering this question you are attesting that you have read and understand the above advisory.

46.

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

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#), at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

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

By answering this question you are attesting that you have read and understand the above advisory.

47.

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

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#), at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

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

By answering this question you are attesting that you have read and understand the above advisory.

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

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

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

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

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

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

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

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

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

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

Application - Screening Inquiry Questions

Application | Screening Questions

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

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

53.

- A Licensing Authority other than a Colorado State Board or Program?

No

54.

- A Government Agency?

No

55.

- A Court?

No

56.

- An Employer?

No

57.

- An Educational Institution?

No

58.

- A Professional Organization?

No

59.

- In connection with an employment disciplinary or termination procedure?

No

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

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

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

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

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

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

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

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

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

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

Application - Screening Medical Healthcare Questions

Application | Screening Questions

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

Have you ever had the below occur:

65.

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

No

66.

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

No

67.

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

No

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

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

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

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

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

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

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

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

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

- Copies of court documents

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

Physician - Attestation

Physician Application | Attestation

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

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

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

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

03/16/2022

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

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

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

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

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

Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

75. Practice Locations:

| Address | City | State | Zip Code | Phone Number |
|--------------------------------|-------------|----------------------|----------|----------------|
| 1615 Thames Street | Baltimore | Maryland | 21231 | (202) 530-4170 |
| 5530 Wisconsin Ave, Suite 1200 | Chevy Chase | Maryland | 20815 | (202) 530-4170 |
| 1225 4th Street NE | Washington | District of Columbia | 20002 | (202) 530-4170 |

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

76. School or Education Level:

University of Kentucky College of Medicine

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

1993

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

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

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

79. Other Licenses:

| State | License Status | Year Originally Issued |
|------------|----------------|------------------------|
| Maryland | Active | 1998 |
| Virginia | Active | 2013 |
| Washington | Active | 1995 |

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

80. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

81. Board Certifications:

| Certification |
|---------------------------|
| Obstetrics and Gynecology |

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

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

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

83. Practice Specialties:

| Specialty |
|---------------------------|
| Obstetrics and Gynecology |

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

84. Do you have a current affiliation or clinical privileges with any Colorado Hospital?
No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

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

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

Yes

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

Healthcare Professions Profile | Other State Hospital Affiliations

87. Other Healthcare Facility Affiliations:

| Facility | Affiliation Type | City | State |
|---|------------------|-------------|----------------------|
| Johns Hopkins Program for International Education | Faculty | Baltimore | Maryland |
| carafm | Other | Chevy Chase | Maryland |
| Planned Parenthood of Metropolitan Washington, DC | Other | Washington | District of Columbia |

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

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

Yes

Healthcare Profile - Employer if Yes

Healthcare Professions Profile | Employer

91. Employer:

| Employer Name | Address | City | State | Zip Code | Phone Number |
|--|--------------------------------|-------------|----------------------|----------|----------------|
| Johns Hopkins Program for International Education in Gynecol | 1615 Thames Street | Baltimore | Maryland | 21231 | (202) 530-4170 |
| carafem | 5530 Wisconsin Ave, Suite 1200 | Chevy Chase | Maryland | 20815 | (202) 530-4170 |
| Planned Parenthood of Metropolitan Washington, DC | 1225 4th Street NE | Washington | District of Columbia | 20002 | (202) 530-4170 |

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

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

No

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

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

No

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

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

No

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

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

No

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

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

No

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

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

No

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

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

No

Healthcare Profile - Malpractice Claims**Healthcare Professions Profile | Malpractice Claims**

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

No

Healthcare Profile - Malpractice Carrier Refusal**Healthcare Professions Profile | Malpractice Carrier Refusal**

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

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

111. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

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

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

112. Submission Date:

03/16/2022

Review

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

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

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

PRACTITIONER PROFILE

Prepared for: Colorado Medical Board As of Date:3/17/2022

PRACTITIONER INFORMATION

Name: Hathaway, Mark Joseph
 DOB: ██████████
 Medical School: University of Kentucky College of Medicine
 Lexington, Kentucky, UNITED STATES
 Year of Grad: 1993
 Degree Type: MD
 NPI: 1720068133

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 |
|------------|------------|-------------------|-------------------|---------------|
| 1720068133 | Individual | | | 06/04/2018 |

LICENSE HISTORY

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|-----------------------------|-----------------|--------------|
| DC | MD21559 | 11/28/1995 | 12/31/2022 | 02/28/2022 |
| | | FSMB License Status: Active | | |
| MARYLAND | D52934 | 01/20/1998 | 09/30/2022 | 12/03/2021 |
| | | FSMB License Status: Active | | |
| VIRGINIA | 0101254460 | 07/10/2013 | 08/31/2022 | 02/16/2022 |
| | | FSMB License Status: Active | | |

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: Colorado Medical Board As of Date:3/17/2022
Practitioner Name: Hathaway, Mark Joseph

| DEA Number | Address | Last Reported |
|-------------------|-----------------------|----------------------|
| ██████████ | WASHINGTON,DC 20036 | 01/05/2022 |
| ██████████ | CHEVY CHASE,MD 20815 | 01/05/2022 |
| ██████████ | FALLS CHURCH,VA 22046 | 01/05/2022 |



Search for a License

DC Health provides an online professional license search for your convenience. To begin a search select license type or enter key words or criteria in the fields below. Please enter details at least in Three Fields for accurate Results. As a search tip. Do not use dashes within social security numbers (SSNs).

"NOTE: Search results may take a little time, so please be patient. "

Search Again

License Number

MD21559

First Name

MARK

Last Name

HATHAWAY

Profession

MEDICINE

Type

MEDICINE AND SURGERY

Status

Active

From State/Prov:

NA

Issue Date:

1995-11-28

Expiration Date:

2022-12-31

Temp. Issue Date:

Temp.Expire Date:

Discipline Information from 1996 to Present - Please click item(s) below to view public orders

Practitioner Profile - Unless otherwise indicated, this information has been self-reported and has not been verified by the Board of Medicine.

DISCLAIMER

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Maryland Board of Physicians

 Print Profile

Physician Profile Portal

License Number: D52934 Dr. Mark Joseph Hathaway

License Type: Physician-Medical Doctor

License Status: **Active**

Licensed Issued: 01/20/1998 License Expiration: 09/30/2022

i Special License Category: N/A

Primary Practice Setting

carafem
5530 Wisconsin Ave (Suite 1200)
Chevy Chase, MD 20815

Public Address

carafem
1156 15th St NW (Suite 700)

Washington, DC 20005

+ Education

UNIV OF KY COLL OF MED
Graduated: 1993

+ Medical Assistance and Malpractice Insurance

Accept Medicaid? Yes

Maintains Malpractice Insurance? Yes

+ Postgraduate Training Program

School

▶ Washington Hospital Center, Washington, DC

Concentration

Obstetrics & Gynecology

📍 Specialty Board Certification

by ABMS (<https://www.abms.org/>), AOA (<https://osteopathic.org/>), Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada - as reported by licensee

- ▶ Obstetrics & Gynecology

📍 Self-Designated Practice Area

- ▶ Obstetrics & Gynecology

📍 Maryland Hospital Privilege Information (as reported by licensee)

Licensee has not reported Maryland Hospital Privilege information for the profile site.

📍 Medical Licenses Held in Other States (as reported by licensee)

- ▶ Virginia
- ▶ District of Columbia

📍 Collaboration and Consultation Agreements

Collaboration and Consultation Agreements have not been reported for the profile site.

📍 Active Supervisee-Evaluation and Treatment Protocol

Evaluation and Treatment protocols have not been reported for the profile site.

📍 Active Supervisee - Delegation Agreement For Core Duties

Delegation Agreements have not been reported for the profile site.

📍 Known Disciplinary Actions by any state medical board (within the past 10 years)

In Maryland:

No Known Disciplinary Actions by the Maryland Board of Physicians have been reported.

Other States:

No Known Disciplinary Actions by any state medical board have been reported.

📍 Download all Maryland Disciplinary Actions

*All Orders are downloaded in .pdf format.
None.*

📍 Pending Charges

i Please Read Description

All Charges are downloaded in .pdf format.

None.

➤ Other Public Actions in the Practice of the Profession or Administrative Fines (including Maryland)

i Please Read Description

No reported Other Public Actions in the Practice of the Profession or Administrative Fines for this licensee.

➤ MALPRACTICE

Malpractice (Information to be taken into consideration when reviewing a Licensee's profile)

i Please Read Malpractice Disclosure

▶ Malpractice Judgments and Arbitration Awards (within the past 10 years)

None Reported

▶ Malpractice Settlements

(If there are 3 or more settlements of \$150,000 or greater within the past 5 years)

None Reported

➤ Convictions for any crime involving moral turpitude

None reported by the courts.

Maryland Board of Physicians 4201 Patterson Avenue Baltimore, MD 21215
410.764.4777 | Toll Free 800.492.6836



Virginia Department of Health Professions License Lookup

Current as of 02/10/2022 07:34

License Information

| | |
|---------------------------------------|----------------------|
| License Number | 0101254460 |
| Occupation | Medicine |
| Name | Mark J Hathaway |
| Address | Washington, DC 20036 |
| Initial License Date | 07/10/2013 |
| Expire Date | 08/31/2022 |
| License Status | Current Active |
| Additional Public Information* | No |

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

PRACTITIONER PROFILE

Prepared for: Colorado Medical Board As of Date:3/17/2022
 Practitioner Name: Hathaway, Mark Joseph

ABMS® CERTIFICATION HISTORY

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

| Status | Duration | Effective Date | Expiration Date | Reverification Date | Occurrence | Last Reported |
|---------|--------------|----------------|-----------------|---------------------|-----------------|---------------|
| Active | Time Limited | 12/31/2021 | 12/31/2022 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2020 | 12/31/2021 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2019 | 12/31/2020 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2018 | 12/31/2019 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2017 | 12/31/2018 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2016 | 12/31/2017 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2015 | 12/31/2016 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2014 | 12/31/2015 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2013 | 12/31/2014 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/15/2012 | 12/31/2013 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2011 | 12/31/2012 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 12/31/2010 | 12/31/2011 | | Recertification | 02/24/2022 |
| Expired | Time Limited | 11/08/2000 | 12/31/2010 | | Initial | 02/24/2022 |

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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.

Renewal - DR.0068430

| | |
|------------|----------------------|
| Name | Mark Joseph Hathaway |
| Credential | DR.0068430 |

Fee Details

| | |
|-------------------------|-----------------|
| DR - Legal Defense Fund | \$2.00 |
| DR - PDMP Fee | \$22.00 |
| DR - Portal Fee | \$2.00 |
| DR - Renewal Fee Active | \$150.00 |
| DR- Peer Fee | \$100.00 |
| | \$276.00 |

DR_CDRH Renewal Attestations

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

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

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

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

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

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

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

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

All statuses click Next to proceed.

DR & CDRH Peer Health Provider Compliance

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

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

Substance Use Prevention Training Attestation

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

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

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

OR

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

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

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

All statuses select Next to proceed.

PDMP Renewal Attestation

1. As a prescriber you are required to register and maintain an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) if you meet the following:

- Your Colorado license is in an Active status
- You maintain a current United States Drug Enforcement Agency (DEA) registration

You may log in to your account or create a new registration at <https://colorado.pmpaware.net>. To check your Colorado PDMP registration status, contact the Bamboo Health 24/7 support line at (855) 263-6403. For assistance with updating your Colorado PDMP account or any questions regarding the Colorado PDMP, contact the Colorado PDMP Administrator at pdmpinqr@state.co.us or (303) 894-5957.

You must select one of the options below:

I attest that I have an active DEA registration and am registered with the Colorado PDMP.

2. Please confirm or provide your DEA number if you hold a DEA registration:

██████████

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

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

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

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

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

Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

4. Practice Locations:

| Address | City | State | Zip Code | Phone Number |
|--------------------------------|-------------|----------------------|----------|----------------|
| 1615 Thames Street | Baltimore | Maryland | 21231 | (202) 530-4170 |
| 5530 Wisconsin Ave, Suite 1200 | Chevy Chase | Maryland | 20815 | (202) 530-4170 |
| 1225 4th Street NE | Washington | District of Columbia | 20002 | (202) 530-4170 |

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

5. School or Education Level:

University of Kentucky College of Medicine

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

1993

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

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

Yes

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

8. Other Licenses:

| State | License Status | Year Originally Issued |
|----------------------|----------------|------------------------|
| Maryland | Active | 1998 |
| Virginia | Active | 2013 |
| District of Columbia | Active | 1995 |
| Minnesota | Active | 2022 |
| Washington | Active | 2022 |
| Oregon | Active | 2022 |

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

9. Do you hold any current Board Certifications?

Yes

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

10. Board Certifications:

| Certification |
|---------------------------|
| Obstetrics and Gynecology |

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

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

Yes

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

12. Practice Specialties:

| |
|---------------------------|
| Specialty |
| Obstetrics and Gynecology |

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

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

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

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

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

Yes

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

Healthcare Professions Profile | Other State Hospital Affiliations

16. Other Healthcare Facility Affiliations:

| Facility | Affiliation Type | City | State |
|---|------------------|-------------|----------------------|
| Johns Hopkins Program for International Education | Faculty | Baltimore | Maryland |
| carafem | Other | Chevy Chase | Maryland |
| Planned Parenthood of Metropolitan Washington, DC | Other | Washington | District of Columbia |

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

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

Yes

Healthcare Profile - Employer if Yes

Healthcare Professions Profile | Employer

20. Employer:

| Employer Name | Address | City | State | Zip Code | Phone Number |
|--|--------------------------------|-------------|----------|----------|----------------|
| carafem | 5530 Wisconsin Ave, Suite 1200 | Chevy Chase | Maryland | 20815 | (202) 530-4170 |
| Johns Hopkins Program for International Education in Gynecol | 1615 Thames Street | Baltimore | Maryland | 21231 | (202) 530-4170 |

| | | | | | |
|---|--------------------|------------|----------------------|-------|----------------|
| Planned Parenthood of Metropolitan Washington, DC | 1225 4th Street NE | Washington | District of Columbia | 20002 | (202) 530-4170 |
|---|--------------------|------------|----------------------|-------|----------------|

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

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

Yes

Healthcare Profile - Employment Contracts if Yes

Healthcare Professions Profile | Employment Contracts

22. Employment Contracts:

| Entity Name | Length of Contract | Contract Position |
|-------------|------------------------------|------------------------|
| Organon | Annual-Trainer for Nexplanon | Independent Contractor |

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

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

No

Healthcare Profile - Restrictions and Suspensions

Healthcare Professions Profile | Restrictions and Suspensions

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

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

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

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

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

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

31. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?
No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

34. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?
No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

36. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

38. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

40. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

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

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

41. Submission Date:
03/23/2023

Review

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

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

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

CREDENTIAL STATUS HISTORY SUMMARY

Name: Mark Joseph Hathaway
License: Physician DR.0068430
License Status: Active
License Status Reason: CURRENT
First Issuance date: 03/17/2022
License expiration date: 04/30/2025

Date: 2/20/2024

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

| Status | Reason | Date Changed | User |
|-----------------------------|-----------------------------|---------------------|-------------|
| Active | CURRENT | 03/23/2023 | Automated |
| Active in Renewal | ACTIVE | 03/21/2023 | Automated |
| Active | CURRENT | 03/17/2022 | Automated |
| Pending | QUALITY ASSURANCE | 03/17/2022 | Automated |
| Pending Supervisor Review | PENDING SUPERVISOR REVIEW | 03/17/2022 | Automated |
| Application Incomplete | APPLICATION INCOMPLETE | 03/17/2022 | Automated |
| Online Application Received | ONLINE APPLICATION RECEIVED | | New License |

