

Uniform Application for Licensure

Application ID: 316122
FID: 301613857

License Requested: DO
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 9/3/2021 4:18 PM

Practitioner Name

Gulati, Rachna

Contact Information

Address

Public Access	Board Contact	Type	Address
CONFIDENTIAL			
Yes	No	Business	551 N. Hillside Suite 500 Wichita, KS 67214 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	(316) 962-3180	
CONFIDENTIAL				

Email

Public Access	Board Contact	Email
Yes	No	rgulati@kumc.edu
CONFIDENTIAL		

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
41329103	CONFIDENTIAL	CONFIDENTIAL	Santa Clara, CA UNITED STATES	F	1437644077	DO	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Touro University College of Osteopathic Medicine	1310 Johnson Lane Mare Island Vallejo, CA 94592 UNITED STATES	07/01/2014	05/22/2018	05/22/2018	DO

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name: University of Kansas (Wichita) Program Code: ACGME 2201911104
Program
Wichita, KS UNITED STATES

Attendance Dates:

Institution: University of Kansas School of Medicine (Wichita) **Start Date:** 07/01/2018

Training Specialty: Obstetrics & Gynecology **End Date:** 06/30/2022

Program Type: Residency

Training Status: Active

Clinical %: 100 **Administrative %:** 0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
NBOME - Complex Level 1		06/10/2016	Pass	1
NBOME - Complex Level 2 PE		05/11/2017	Pass	1
USMLE Step 1 Examination		07/07/2017	Pass	1
NBOME - Complex Level 2 CE		07/26/2017	Pass	1
USMLE Step 2 CK Examination		09/10/2017	Pass	1
NBOME - Complex Level 3		07/22/2019	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Kansas State Board of Healing Arts	KS	94-09649	07/01/2018	06/30/2022	Training	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:	Touro University College of Osteopathic Medicine	Chronology Type: Medical Education
Address:	Vallejo, CA US	Attendance Dates:
Position/Dept:		From: 07/01/2014 to 05/22/2018
Clinical %:		
Admin %:		
Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Vacation prior to starting residency	Chronology Type: Vacation
Address:		Attendance Dates:
Position/Dept:		From: 06/01/2018 to 07/01/2018
Clinical %:	0	
Admin %:	0	
Employment:	*	Staff Privileges: *
Affiliation:	*	
Practice/Emp/ Desc:	University of Kansas (Wichita) Program	Chronology Type: Accredited Training
Address:	Wichita, KS US	Attendance Dates:
Position/Dept:		From: 07/01/2018 to 06/30/2022
Clinical %:	100	
Admin %:	0	
Employment:		Staff Privileges:
Affiliation:		

Malpractice

None Reported

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Gulati, Rachna**

Social Security Number: **CONFIDENTIAL**

Date of Birth:

FID#: **301613857**

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

Delivery Date: **10/08/2021**

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.

A MARGARITA MARTINEZ - State of Kansas	
	<u>Gulati</u> Applicant's Signature (must be signed in the presence of a notary)
	<u>Gulati</u> Applicant's Printed Last Name
	<u>Rachna</u> Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
	<u>9/30/2021</u> Date of Signature (must correspond to date of notarization)

State of Kansas, County of Sedgwick

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 30 day of September 2021.

Notary Public Signature: [Signature]
 My Notary Commission Expires: 1-13-2025

Please complete and mail this original document to the Federation of State Medical Boards at:
 400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000

Biographic Information

Medical professional Name(s): **Gulati, Rachna**Date of Birth: **CONFIDENTIAL**

Place of Birth: Santa Clara, California, UNITED STATES

Contact Information

Business Address: 551 N. Hillside
Suite 500
Wichita, KS 67214
UNITED STATESHome Address: **CONFIDENTIAL**

Business Phone: (316) 962-3180

Mobile Phone: **CONFIDENTIAL**

Email: rgulati@kumc.edu

Email: **CONFIDENTIAL**

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: Gulati Rachna
Last First Middle

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of Kansas County of Sedgwick

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.

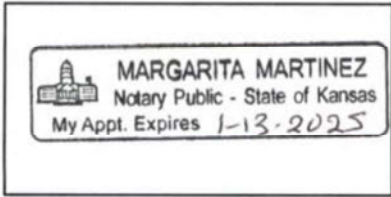
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 15, of (Month) September, (Year) 2021.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) January / (Day) 13 / (Year) 2025

* 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



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd
Euless, TX 76039-3856

FCVS ID Number

FCVS

301613857

PP

FID Number

301613857

We the People

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



Rachna Gulati

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: P Code / Código / Código: USA Passport No. / No. du Passeport / No. del Pasaporte: [REDACTED]

CONFIDENTIAL



Surname / Nom / Apellido

GULATI

Given Names / Prénoms / Nombres

RACHNA

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

CONFIDENTIAL

Place of birth / Lieu de naissance / Lugar de nacimiento

CALIFORNIA, U.S.A.

Sex / Sexe / Sexo

F

Date of issue / Date de délivrance / Fecha de expedición

24 Jun 2019

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

23 Jun 2029

Department of State

Endorsements / Mentions Spéciales / Añotaciones

SEE PAGE 27

USA



CONFIDENTIAL



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
07/01/2014	05/22/2018	Medical Education	Touro University College of Osteopathic Medicine Vallejo California UNITED STATES
06/01/2018	07/01/2018	Vacation	Vacation prior to starting residency
07/01/2018	06/30/2022	Postgraduate Training	University of Kansas (Wichita) Program Wichita Kansas UNITED STATES

End of Chronology of Activities report for: Gulati, Rachna



Medical Education

Medical School: Touro University College of Osteopathic Medicine

Location: Vallejo, CA

UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**fsmb****Institution Name:** Touro University College of Osteopathic Medicine**City:** Vallejo**State/Province:** California**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 **Gulati, Rachna**attended our medical school for a total of **156** weeks of medical education on the following dates:From MM/DD/YYYY: **08/01/2014** To MM/DD/YYYY: **06/01/2018**This individual was awarded the degree of **Doctor of Osteopathic Medicine**on **06/01/2018**DS
DM**Unusual circumstances****1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?** YES NO X 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: 005150

FID: 301613857

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 N/A X

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 N/A X

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

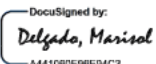
5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO N/A X

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

6. Attach Diploma 7. 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.

ELECTRONIC SEAL VERIFIED	Name: Marisol Delgado
	Title: Associate Registrar
	Signature: 
	Date of Signature: 10/6/2021 Email: marisol.delgado@tu.edu

THE BOARD OF TRUSTEES

Touro University California

UPON THE RECOMMENDATION OF THE FACULTY CONFERS UPON

Rachna Gulati

THE DEGREE OF

Doctor of Osteopathic Medicine

WITH ALL HONORS, RIGHTS AND PRIVILEGES THEREUNTO,
GIVEN UNDER THE SEAL OF THE UNIVERSITY AT VALLEJO, CALIFORNIA THIS
FIRST DAY OF JUNE TWO THOUSAND AND EIGHTEEN



Alan Kosh

President of the University

[Signature]

Provost and CAO of the University

Mark Harten

Chairman of the Board

[Signature]

Dean of the College

**ELECTRONIC
SEAL
VERIFIED**



Medical School

Medical Professional Name: Gulati, Rachna

Touro University College of Osteopathic Medicine

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: Gulati, Rachna

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

OFFICE OF THE REGISTRAR

1310 Club Dr.
Vallejo, CA 94592
707-638-5984

ACCREDITATION

Touro University California is accredited by the WASC Senior College and University Commission (WSCUC).

PROGRAM ACCREDITATION AND CREDENTIALING

- Accreditation Review Commission of Education for Physician Assistant (ARC-PA)
- California Commission on Teacher Credentialing (CCTC)
- Commission on Osteopathic College Accreditation (COCA)
- Council on Education for Public Health (CEPH)
- Accreditation Council for Pharmacy Education (ACPE)
- Accredited by the Commission on Collegiate Nursing Education (CCNE)

CREDIT

Academic credit is awarded in semester credit hours. A unit of credit is normally one credit hour for each 15 hours of lecture, or 30 hours of laboratory and/or practice sessions. For each week of clinical rotations, 1.5 hours of credit is awarded.

LEAVE OF ABSENCE

A leave of absence may be granted to a student and is noted on the transcript.

ACADEMIC STANDING/STATUS

A student whose cumulative weighted average falls below the minimum of 70% may be placed on academic probation. See university catalog for special conditions applied to Education and Public Health students. Disciplinary dismissal, suspension, withdrawal and/or academic probation status notation will appear on the transcript.

GRADES FROM SPRING 2003-SPRING 2005

GRADE	POINTS	EQUIVALENT
(90% - 100%)	4.0	A
(80% - 89%)	3.0	B
(70% - 79%)	2.0	C
(69% and below)	0.0	F

Other symbols

- AU- Audit, NR- Not registered, PH or P* -Pass with Honors,
- U- Unsatisfactory

GRADES FROM SUMMER 2005 FORWARD

Percentage Score (range)	Grade points awarded (4.0 scale)	Equivalent Letter Grade
90%/e-100%	3.50- 4.00	A- to A+
89%/e-80%	3.00-3.45	B- to B+
70-79%	2.00-2.90	C- to C+
69% and below-	0.00	U

Pass/No Pass, Credit/No Credit-Counted in units earned but not calculated in GPA:

- P Pass
- H Pass with Honors
- HH Pass with High Honors
- CR Credit
- NC No Credit
- NP Unsatisfactory, No Pass
- TR Transfer

Grades with no credits but counted in GPA calculation:

- WU Withdrawal not in good standing
- U Unsatisfactory

Grades/symbols counted as attempted and no credit awarded:

- IP Course in Progress
- INC Incomplete course
- W Withdrawal in good standing
- WA Administrative Withdrawal

Other grade symbols/notation

- SP Satisfactory Progress
- AUD Audit
- YC Year-long class (placeholder)
- UP or NP/P Remediation Passed - equivalent to a grade of 70%

Repeated Courses (I) or (E) notation identifies inclusion/exclusion from Cumulative GPA

TRANSFER CREDIT

Transfer work will be listed with TUC course equivalencies in semester units.

DEGREE LEVELS

Doctoral and Masters level courses are posted on separate transcripts.

HONORS

When appropriate, Honors and Highest Honors may be noted on the transcript with a conferred degree.

DEGREES OFFERED

- Doctor of Osteopathic Medicine (DO)
- Doctor of Pharmacy (PharmD)
- Doctor of Nursing Practice (DNP)
- Master of Arts in Education (MA)
- Master of Education (M Ed)
- Master of Science in Medical Health Sciences-Osteopathic Medicine (MSMHS)
- Master of Science in Medical Health Sciences - Pharmacy Science (MSMHS)
- Master of Science in Nursing (MSN)
- Master of Science in Physician Assistant Studies (MSPAS)
- Master of Public Health (MPH)

OFFICIAL TRANSCRIPTS

Official transcripts bear the signature of the Registrar and the seal of the university. Facsimiles and photocopies are unofficial. As of April 2016, the Touro College and University System and its subsidiaries implemented a new student information system. In so doing, the formatting of student transcripts changed. This will certify that the transcript format produced on or after May 2, 2016, official or unofficial is a result of this change. The official color of all transcript paper is blue.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

(FERPA) (20 U.S.C. 1232G; 34 CFR Part 99)
In accordance with the Family Educational Rights and Privacy Act of 1974, the information on this transcript is provided with the understanding that the recipient will not allow any other person to have access to this information without the written consent of the student.

To Test For Authenticity

Translucent globe icons *MUST* be visible from both sides when held toward a light source. The face of this transcript is printed on blue SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

TOURO UNIVERSITY CALIFORNIA • TOURO UNIVERSITY CALIFORNIA • TOURO UNIVERSITY CALIFORNIA • TOURO UNIVERSITY CALIFORNIA • TOURO UNIVERSITY

Additional Tests

The institutional name and the word "COPY" appear on alternate rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document.

ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

192412

SCRIP-SAFE® Security Products, Inc. Cincinnati, OH

007453-111319

Postgraduate Training

Accreditation ID: 2201911104
Institution: University of Kansas (Wichita) Program
Location: Wichita, KS
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.


FCVS

 FEDERATION CREDENTIALS
 VERIFICATION SERVICE

Verification of Postgraduate Medical Education
Accreditation Code: 2201911104

Institution Name: University of Kansas (Wichita) Program

Affiliated University: University of Kansas School of Medicine (Wichita)

City: Wichita

State: Kansas

Country: United States

Verification For: Rachna Gulati

Date of Birth: CONFIDENTIAL

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2018	To: 06/30/2019	Program Type: Residency

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2019	To: 06/30/2020	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2020	To: 06/30/2021	Program Type: Residency

PGY: 4	Accredited By: ACGME	Status: In Progress
Specialty: obstetrics & Gynecology		
From: 07/01/2021	To: 06/30/2022	Program Type: Residency

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

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

FID: 301613857

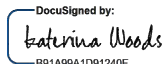
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

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: Katerina Woods	
	Title: Program Coordinator	Degree: None
	Signature: 	
	Date of Signature: 9/23/2021	

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: Gulati, Rachna
 Accreditation ID: 2201911104
 Institution: University of Kansas (Wichita) Program
 Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2018 - 6/30/2022 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: Gulati, Rachna

Licensure / Examinations

Exam: USMLE

Exam: NBOME - Complex
Level 1

Exam: NBOME - Complex
Level 2 CE

Exam: NBOME - Complex
Level 2 PE

Exam: NBOME - Complex
Level 3

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, Eules, TX 76039-3856 - Telephone (817) 868-4000

Date: 10/08/2021

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 639909

Examinee: Gulati, Rachna

Alt Name(s):

Examinee ID: 4-132-910-3

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, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/07/2017	Pass	CONFIDENTIAL		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/10/2017	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: Gulati, Rachna

Examinee ID: 4-132-910-3

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 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

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.



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Federation Credentials Verification Svcs
 Federation Place
 400 Fuller Wiser Rd., Ste. 300
 Euless, TX 76039-3855

Examinee: Gulati, Rachna
NBOME ID: 502910

Date of Birth: 06/09/1992

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD MINIMUM SCORE		2 - DIGIT STANDARD MINIMUM SCORE		NOTE
			SCORE	PASSING	SCORE	PASSING	
Level 1							
	10-Jun-2016	Pass	CONFIDENTIAL		--		
Level 2 Cognitive Evaluation (CE)							
	26-Jul-2017	Pass	CONFIDENTIAL		--		
Level 2 Performance Evaluation (PE)							
	11-May-2017	Pass	Not Applicable		Not Applicable		
Level 3							
	23-Jul-2019	Pass	CONFIDENTIAL		--		

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: September 28, 2021

1154597311386143

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.
 8765 West Higgins Road Suite 200 Chicago IL 60631-4174
 Phone: 866/479-6828 Fax: 773/714-0606

301 613 857

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:10/8/2021

PRACTITIONER INFORMATION

Name: Gulati, Rachna
 DOB: **CONFIDENTIAL**
 Medical School: Touro University College of Osteopathic Medicine
 Vallejo, California, UNITED STATES
 Year of Grad: 2018
 Degree Type: DO
 NPI: 1437644077

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
1437644077	Individual			10/06/2021

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
KANSAS	94-09649	07/01/2018	06/30/2022	10/06/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FG7717789	22N 33N 4 5	WICHITA,KS 67214	09/30/2024	09/07/2021

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:10/8/2021
Practitioner Name: Gulati, Rachna

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

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.

GULATI, RACHNA

DCN: 5500000181234279

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts

Continuous Query ID: 300000011606949

Process Date: 10/8/2021

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

GULATI, RACHNA - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: GULATI, RACHNA
Date of Birth: CONFIDENTIAL
Gender: FEMALE
Work Address: 551 N. HILLSIDE
 SUITE 500
 WICHITA, KS 67214
Home Address: CONFIDENTIAL
Social Security Numbers (SSN):
National Provider Identifiers (NPI): 1437644077
Drug Enforcement Administration (DEA) Numbers: FG7717789
License(s): Osteopathic Physician (DO), 94-09649, KS
Professional School(s): TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE
 (2018)
Subject ID: 301613857

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 10/8/2021 - 10/31/2022*
 * 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: 301613857

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/8/2021

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

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

GULATI, RACHNA**DCN: 5500000181234279****FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts****Continuous Query ID: 300000011606949**

Clinical Privileges Action(s):

No Reports

Peer Review Organization Action(s):

No Reports

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

RECEIVED

SEP 28 2021

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

KSBA

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.

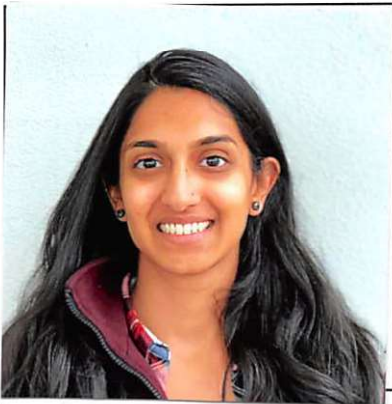
I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being 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)

Gulati

Applicant's printed last name

Rachna

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

9/15/21

Date of signature (must correspond to date of notarization)

fold up

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.

Notary

State of Kansas, County of Sedgwick

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 15 day of September, 2021.

Notary Public Signature: [Handwritten signature]

My Notary Commission Expires: 1-13-2025



RECEIVED

By Colleen Krallman at 8:08 am, Oct 18, 2021

**ADDENDUM I
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, KS

3. Primary Specialty Obstetrics and Gynecology

American Board Certified No

American Board Eligible Yes

From: [Rachna Gulati](#)
To: [Krallman, Colleen \[KSBHA\]](#)
Subject: Re: Kansas State Board of Healing Arts – Licensure Needed Documentation
Date: Saturday, October 16, 2021 8:01:49 AM
Attachments: [Addendum1.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 Colleen,

CONFIDENTIAL

Rachna Gulati

On Wed, Sep 29, 2021 at 9:07 AM Krallman, Colleen [KSBHA] <Colleen.Krallman@ks.gov> wrote:

Good morning Dr. Gulati,

CONFIDENTIAL

Thank you,

Colleen Krallman

Licensing Analyst



Kansas 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.

Rachna Gulati

09/03/2021

Full Name of Applicant

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

CONFIDENTIAL



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

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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.)

RECEIVED
SEP 28 2021
KSBHA

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 X 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.

Rachna Gulati
Signature

9/15/2021
Date

CONFIDENTIAL

Rachna Gulati
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>CA</u>	ID Number: _____	CONFIDENTIAL

Agency Name: _____

Address: _____

Telephone: _____

Name of Individual Verifying Identity: R. K. D. 1686

Sedgwick County Sheriff's Office
Offender Registration Unit
3803 E. Harry Suite 119
Wichita, KS 67218
Ph: 316.660.3939 Fax: 316.660.3947

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

CONFIDENTIAL



142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAprofiles.org

Physician Name: Rachna Gulati, DO

Address: CONFIDENTIAL

Work Phone: CONFIDENTIAL
Birth Date: CONFIDENTIAL

Self-Designated Major Practice Focus: Obstetrics & Gynecology

Self-Designated Minor Practice Focus:

AOA Membership Status: Non-Member

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Touro University College of Osteopathic Medicine
Vallejo CA

Year of Graduation: 2018

Postdoctoral Education:

(Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

Internship:
Residency:

Dates Attended:
Dates Attended:

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency:

Dates Attended:

Licenses:

Date Last Reported to the AOA
Status
Expiration Date
State
Date Granted
Year of Graduation
Year of Expiration
** Contact Board for More Information

** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

**Federal Drug Enforcement
Administration:**

None Reported
Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

Former Name(s):

Please Note:

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organization's documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA credentials@AOAprofiles.org. Thank you.

RECEIVED

By KSBHA at 12:55 pm, Oct 22, 2021

KAMMCO

On Behalf of Kansas Health Care
Provider Insurance Availability Plan

LETTER OF INTENT

October 22, 2021

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

RE: Rachna Gulati, DO

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 Dr. Rachna Gulati, DO has been approved for an active Kansas license, the Plan will provide claims-made coverage effective 10/30/2021, with limits of \$200,000 per claim/\$600,000 annual aggregate. This will also confirm that in addition to coverage with the Plan, Dr. Rachna has selected \$800,000 per claim/\$2,400,000 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. Rachna 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

Bohannon, Ronda [KSBHA]

From: Sara Patry <SPatry@kammco.com>
Sent: Friday, October 22, 2021 12:27 PM
To: KSBHA_Licensing
Subject: Rachna Gulati, DO - letter of intent attached
Attachments: Rachna Gulati, DO - letter of intent.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.

Good afternoon –

Please find attached the Plan's letter of intent on Dr. Rachna Gulati, DO.

If you have any questions, please don't hesitate 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



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

RECEIPT NUMBER: 675125

DATE: 09/23/2021

NAME:
RACHNA GULATI

LICENSE TYPE:
DO

FEE:
APP \$300
KBI \$47

LIC #:
09.23.2021

AMOUNT: 347.00

RECEIVED FROM:

Rachna Gulati

CONFIDENTIAL