Medical Quality Assurance Commission
Physician Application Worksheet

Name MARTIN, GLENNA DOB 7/4/1985

Date Received 5/5/16 Temp Issued [ ] Number 60663360 Closed [ ]

5/17/16 WSP Check [x] Fee [ ] Photo [x] Data1-15 [x] AIDS [x] Attes [X] SSN

Chronology	MISSING				
X COMPLETE			FSMB 5/13/16	AMA 5/13/16	ECFMG N/A	FBI N/A

Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
		1		
		2		
		3		
		4		
		5		
		6		
		7		

Medical School

Name UW Year of Degree 2014 3/8/16 Transcripts [ ] Translations

Examination Type [ ] National [ ] FLEX [ ] USMLE [ ] State Exam [ ] LMCC 5/26/16 Scores Received

Post Graduate Training Programs	Received
UW 6/14-6/17	6-23-16

Post Graduate Training Programs	Received

Received	State

Received	Hospital verification

Received	Hospital verification

Approved [signature] Signature 6/24/16 Date

Comments:

Washington State Department of Health

Background Check Processed
MAY 17 2016
NPDB/HIPDB/WSP
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

RECEIVED
Date Stamp
MAY 05 2016
MEDICAL COMMISSION

Revenue 0252090000

Medical Practice License Application for MDs only

☐ National Boards ☐ Other State Exam ☐ LMCC (Must have been obtained after 1969)
☐ Flex Examination ☐ USMLE Examination

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN)
(If you do not have a SSN, see instructions)
[redacted] 22 Licensee SSN

National Provider Identifier Number (NPI)
(Enter 10 digit number)
1932511953

☐ Male ☒ Female

Name: First GLENNA Middle CECILIA Last MARTIN

Birth date (mm/dd/yyyy): 07/04/1985

Place of birth: City SANTA FE State NM Country ~~USA~~ ~~SANTA FE~~

Address: [redacted] 23 LicenseeAddress

City [redacted] 23 LicenseeAddress State [redacted] 23 LicenseeAddr Zip Code [redacted] 23 LicenseeAddres County [redacted] 23 LicenseeAddress

Country: USA

Phone (enter 10 digit #): [redacted] 23 LicenseeAddress
Fax (enter 10 digit #):
Cell (enter 10 digit #): [redacted] 23 LicenseeAddress

Email address: ~~glenna.martin@swedish.org~~ glennacm@gmail.com

Mailing address if different from above address of record

Swedish Family Medicine Residency, Cherry Hill
550 16th Ave, Suite 400
Seattle, WA 98122
PH:206-320-2233 FAX 2063208178

City Seattle State WA Zip Code 98122 County King

Country: USA

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☒ No
If yes, list name(s):

Will documents be received in another name? ☐ Yes ☒ No
If yes, list name(s):

Medical Specialty

Medical school: University of Washington SOM — Year of Graduation: 2014

Medical Specialty: FAMILY MEDICINE

LOA 7/14/10 5/16/16

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☒

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☒

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☒

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

	Yes	No
6. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	☐	☒
b. Diverted controlled substances or legend drugs?	☐	☒
c. Violated any drug law?	☐	☒
d. Prescribed controlled substances for yourself?	☐	☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	☐	☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	☐	☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	☐	☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	☐	☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	☐	☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☒
15. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☒

3. Medical Education and Postgraduate Training

Provide a date listing of your educational preparation and postgraduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended) ~~University of School~~				
University of Washington SOM	MD, MPH	5	09/2009	05/2014
Postgraduate training (list all programs attended)				
Swedish Cherry Hill FMR	n/a	3	06/2014	05/2017

4. Professional Experience

In date order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

5. Hospital Privileges (Excluding postgraduate training hospital privileges.)

Excluding postgraduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. Please provide verification directly from the state(s) that you have listed in this section.

State	Date license issued	License Number	Status of license	Any limitations on license
WA	2014	MC60471440	active	☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials	Date
GM	4/26/16

8. Applicant's Photograph

Photo Here

Height 5' 7"

Weight 150

Hair color blonde

Color of eyes blue

Signature

Date of Photo 6/17/2014

9. Applicant's Attestation

I, Glenna Martin, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 04/26/16 (mm/dd/yyyy) at Seattle, WA (City, state)

By: [signature] (Signature of applicant)

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UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT

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STUDENT NAME: MARTIN, GLENNA
STUDENT NUMBER: 0920474
SOC. SEC. NO.: 22 Licensee
BIRTHDATE: 07/04/XX
HIGH SCHOOL:
WASHINGTON RESIDENCY: RESIDENT
HS GRAD:
SEX:
DATE PRINTED: 03/03/16
PAGE: 1
CLASSIFICATION: GRADUATE
COLLEGE / MAJOR: Medicine
MEDICINE CONCURRENT
HEALTH SERVICES
CURRENT STATUS:

RECEIVED
MAR 08 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

COURSE		TITLE	CREDITS	GRADE
		**********		
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		* OR ANY COPY THEREOF MAY CONSTITUTE A FELONY *		
		* AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. *		
		**********		
		UNIVERSITY OF WASHINGTON DEGREES EARNED:		
		MASTER OF PUBLIC HEALTH (HEALTH SERVICES)		
		SUMMER 2013 (08/23/13)		
		UW: 57.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 3.84		
		Equitable Imagery in the Pre-Clinical Medical School Curriculum		
		DOCTOR OF MEDICINE		
		SPRING 2014 (06/13/14)		
		WITH HONORS IN MEDICINE		
		UW:256.5 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00		
		PRIOR DEGREE:		
		SKIDMORE COLL		
		DEGREE: BA 5/07		
		AUTUMN 2009	MED 11	
FAMED	557	HISPANIC HEALTH	1.0	P
HUBIO	510	P-MICRO ANAT HISTO	6.0	P
HUBIO	511	P-GROSS ANAT&EMBRY	13.0	P
HUBIO	513	P-INTRO CLIN MED	3.0	P
HUBIO	514	P-BIOCHEM I-A	4.0	P
HUBIO	516	P-SYS HU BEHAV	5.0	P
HUBIO	590	P-MD INFO DCSN MKNG	1.0	P
MED	556	VISUAL THINKING	1.0	CR
	QTR	ATTEMPTED: 34.0 EARNED: 34.0 GPA: 0.00		
		WINTER 2010	MED 11	
FAMED	501	P-INT FAM MED PRCPT	2.5	P
HUBIO	512	P-MECH CELL PHYSIOL	5.0	P
HUBIO	522	P-INTRO CLIN MED	4.0	P
HUBIO	523	P-INTRO IMMUNOLOGY	2.0	P
HUBIO	524	P-BIOCHEM I-B	4.0	P
HUBIO	553	P-MUSCULOSKELETAL	4.0	P
UCONJ	450	COMMUNITY HLTH CARE	1.0	CR
	QTR	ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00		
		SPRING 2010	MED 11	
FAMED	556	SPAN HEALTH PROF	1.0	CR
HUBIO	532	P-NERVOUS SYSTEM	8.0	P
HUBIO	534	P-MICROBIOLOGY I-B	9.0	P
HUBIO	535	P-INTRO CLIN MED	4.0	P
	QTR	ATTEMPTED: 22.0 EARNED: 22.0 GPA: 0.00		
		AUTUMN 2010	MED 12	
FAMED	561	LGBTQ HEALTH	1.0	P
HUBIO	540	P-CARDIOVASC SYS	6.0	P
HUBIO	541	P-RESPIRATORY SYS	4.0	P
HUBIO	542	P-INTRO CLIN MED	4.0	P
HUBIO	543	P-PRIN PHARM I	5.0	H
HUBIO	547	P-PATHOLOGY IIA	5.0	P
HUBIO	548	P-CLINICAL ETHICS	1.0	P
HUBIO	562	P-URINARY SYSTEM	4.0	H
	QTR	ATTEMPTED: 30.0 EARNED: 30.0 GPA: 0.00		
		WINTER 2011	MED 12	
HUBIO	530	P-CLIN EPIDEMIOLOGY	2.0	H
HUBIO	550	P-INTRO CLIN MED	4.0	P
HUBIO	552	P-HEMATOLOGY	3.0	H
HUBIO	554	P-GENETICS	2.0	P
HUBIO	555	P-MED HLTH & SOC	3.0	P
HUBIO	556	P-HORMONES NUTRIENT	4.0	H
HUBIO	557	P-PATHOLOGY IIB	2.0	P
HUBIO	559	P-PBL	3.0	P
HUBIO	597	P-III	8.0	P
	QTR	ATTEMPTED: 31.0 EARNED: 31.0 GPA: 0.00		
		SPRING 2011	MED 12	
HUBIO	551	P-G I SYSTEM	4.0	H
HUBIO	560	P-INTRO CLIN MED	5.0	P
HUBIO	563	P-BRAIN & BEHAVIOR	3.0	H
HUBIO	564	P-PRIN OF PHARM II	3.0	P
HUBIO	565	P-REPRODUCTION	4.0	H
HUBIO	566	P-PATHOLOGY IIC	3.0	P
HUBIO	567	P-SKIN SYSTEM	2.0	H
HUBIO	600	P-CAPSTONE COURSE	2.0	P
	QTR	ATTEMPTED: 26.0 EARNED: 26.0 GPA: 0.00		
		SUMMER 2011	MED 13	
MEDRCK	601	P-CL CLERKSHIPS	24.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		
		AUTUMN 2011	MED 13	
SURG	666	P-CLIN CLKSHP BOISE	12.0	H
	QTR	ATTEMPTED: 12.0 EARNED: 12.0 GPA: 0.00		
		WINTER 2012	MED 13	
OB GYN	686	P-OBGY CLRK YAKIMA	12.0	H
PBSCI	665	RS-P-CLIN CLERKSHIPS	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		
		SPRING 2012	MED 13	
FAMED	636	P-CLCLK FAMED WENAT	12.0	H
PEDS	665	RS-P-PED GEN CLKSHIP	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		
		SUMMER 2012	MED 14	
NEURL	666	P-INT NEURL - HMC	8.0	HP
	QTR	ATTEMPTED: 8.0 EARNED: 8.0 GPA: 0.00		

*** CONTINUED ON PAGE 2 ***

RECIPIENT

MEDICAL QUALITY ASSURANCE COMM
PO BOX 47866
OLYMPIA, WA 98504-7866

This official university transcript does not require a raised seal.

Helen B. Garrett
University Registrar

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.

EXPLANATORY LEGEND AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

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UNIVERSITY OF WASHINGTON
Office Of the Registrar Box 355850
Seattle, Washington 98195-5850
206-543-8580

UofW 1592 (Rev. 1/15)

EXPLANATORY NOTES

TRANSCRIPT OF ACADEMIC RECORD
The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

AUTHENTICATION OF THIS TRANSCRIPT:
A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is purple. Further authentication may be obtained by calling the UW Registration/Transcript Office at (206) 543-8580. The institutional name and the word COPY appear on alternative rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown.

ACADEMIC CALENDAR:
The academic year is comprised of three quarters – autumn, winter, spring – each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (incomplete); N (satisfactory without grade), S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduate and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter H designate honors courses. W designate writing courses, and S designate service learning courses. A course title preceded by the letter R designates a course with a research component.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.1 (B+); 3.0-2.9 (B); 2.8-2.5 (B-); 2.4-2.1 (C+); 2.0-1.7 (C); 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average, but credit will be allowed only once. /R indicates that the first grade was greater or equal to a 2.0 and the second grade does not count in the grade point average and credit is not allowed. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Effective winter 2005, /R indicates that a course is repeated. Grades for both courses are calculated in the grade point average. Grades for courses repeated more than once are not included in the grade point average. Credit is allowed only once.

Beginning autumn 1987, /R designates a foreign language course initially taken in high school and used as the language of admission. Credit is not allowed and the grade is not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:
Effective autumn 1998, for entering first year Law students: Letter grades: A (4.0), A- (3.7), B+ (3.4), B (3.0), B- (2.7), C (2.0), D (1.0), E (0.0), CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). For Law students entering prior to autumn 1998: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR, NC, I, N, W, HW. Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, and W. GPA calc began Aut 05 for students (JD only) enrolled as of Spr 07.

SCHOOL OF MEDICINE:
Letter grades : H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added. Effective autumn 2002, S, NS were discontinued.

SCHOOL OF PHARMACY:
Numeric grades : 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7.

COURSE LEVEL:
Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

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 purple SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON •

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UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT

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EXPLANATORY LEGEND AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

APHOTOCOPY OF THIS TRANSCRIPT IS NOT OFFICIAL

STUDENT NAME: MARTIN, GLENNA
HIGH SCHOOL:
HS GRAD:
DATE PRINTED: 03/03/16
PAGE: 2

STUDENT NUMBER: 0920474
SOC. SEC. NO.: 22 Licensee
BIRTHDATE: 07/04/XX
WASHINGTON RESIDENCY: RESIDENT
SEX: WEB
106

CLASSIFICATION: GRADUATE
COLLEGE / MAJOR: Medicine
MEDICINE CONCURRENT
HEALTH SERVICES
CURRENT STATUS:

COURSE		TITLE	CREDITS	GRADE
********** ANY ALTERATION OR MODIFICATION OF THIS RECORD * OR ANY COPY THEREOF MAY CONSTITUTE A FELONY * AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. **********				
		AUTUMN 2012	MED C	8
BIOST	511	MED BIOMETRY I	4.0	3.7
EPI	511	W-INTRO TO EPIDEMIOL	4.0	3.9
FAMED	525	AFRICAN AM HLTH	1.0	CR
HSERV	552	HEALTH POLICY DEVEL	3.0	3.7
HSERV	592	PROGRAM SEMINARS	1.0	CR
HSERV	600	INDEPNDNT STDY/RSCH	4.0	CR
PEDS	611	P-FREETEEN CLINIC	1.0	H
	QTR	ATTEMPTED: 18.0 EARNED:	18.0 GPA:	3.77
		WINTER 2013	MED C	8
ENV H	511	ENV OCCUP HEALTH	3.0	3.8
FAMED	530	PRIMARY CARE	1.0	CR
G H	543	GLOBAL PHARMACY	2.0	CR
HSERV	544	MATERN CHILD HEALTH	3.0	3.9
HSERV	592	PROGRAM SEMINARS	1.0	CR
HSERV	700	MASTERS THESIS	5.0	CR
HSMGMT	514	HEALTH ECONOMICS	3.0	4.0
	QTR	ATTEMPTED: 18.0 EARNED:	18.0 GPA:	3.90
		SPRING 2013	MED C	8
HSERV	510	SOCIETY AND HEALTH	3.0	3.8
HSERV	514	POP HLTH & DISPAR	3.0	3.8
HSERV	590	SELECT TOPICS	3.0	4.0
HSERV	592	PROGRAM SEMINARS	1.0	CR
HSERV	600	INDEPNDNT STDY/RSCH	4.0	CR
HSERV	700	MASTERS THESIS	4.0	CR
	QTR	ATTEMPTED: 18.0 EARNED:	18.0 GPA:	3.87
		SUMMER 2013	MED C	8
CONJ	682	P-CHC/PC-HMC	8.0	H
FAMED	688	P-FAM MED SUB-I	8.0	H
HSERV	700	RS-MASTERS THESIS	1.0	4.0
MEDECK	619	RS-P-MGT SEX DIS SEA	2.0	H
	QTR	ATTEMPTED: 19.0 EARNED:	19.0 GPA:	0.00
---------- DEGREE EARNED 08/23/13 ---------- MASTER OF PUBLIC HEALTH (HEALTH SERVICES) UW: 57.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 3.84				
		AUTUMN 2013	MED C	8
FAMED	697	P-FAMED SPEC ELEC	6.0	H
OB GYN	699	RS-P-WWAMI OB GYN ELEC	4.0	H
	QTR	ATTEMPTED: 10.0 EARNED:	10.0 GPA:	0.00
		WINTER 2014	MED C	8
CONJ	625	GH CLINICAL	12.0	P
OPHTH	681	RS-P-OPHTHAL CLKSP HMC	4.0	HP
	QTR	ATTEMPTED: 16.0 EARNED:	16.0 GPA:	0.00
		SPRING 2014	MED C	8
HUBIO	600	P-CAPSTONE COURSE	2.0	P
MED EM	606	P-EMER MED HMC	8.0	HP
OTOHN	684	RS-P-OTOHNS SEACHILDRE	4.0	P
	QTR	ATTEMPTED: 14.0 EARNED:	14.0 GPA:	0.00

---------- DEGREE EARNED 06/13/14 ----------
DOCTOR OF MEDICINE
WITH HONORS IN MEDICINE
UW:256.5 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00

****
CUMULATIVE CREDIT SUMMARY:

UW CREDITS ATTEMPTED	113.0	UW CREDITS EARNED	113.0
UW GRADED ATTEMPTED	29.0	EXTENSION CREDITS	0.0
UW GRADED EARNED	29.0	TRANSFER CREDITS	0.0
UW GRADE POINTS	111.4		
UW GRADE POINT AVG.	3.84	CREDITS EARNED	113.0

****
********** END OF RECORD **********

RECIPIENT

MEDICAL QUALITY ASSURANCE COMM
PO BOX 47866
OLYMPIA, WA 98504-7866

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.

This official university transcript does not require a raised seal.

Helen B. Garrett
University Registrar

UNIVERSITY OF WASHINGTON
Office Of the Registrar Box 355850
Seattle, Washington 98195-5850
206-543-8580

UoW 1592 (Rev. 1/15)

EXPLANATORY NOTES

TRANSCRIPT OF ACADEMIC RECORD
The transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

AUTHENTICATION OF THIS TRANSCRIPT:
A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is purple. Further authentication may be obtained by calling the UW Registration/Transcript Office at (206) 543-8580. The institutional name and the word COPY appear on alternative rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown.

ACADEMIC CALENDAR:
The academic year is comprised of three quarters – autumn, winter, spring – each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).

Letter grades: I (incomplete); N (satisfactory without grade), S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduate and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter H designate honors courses. W designate writing courses, and S designate service learning courses. A course title preceded by the letter R designates a course with a research component.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.1 (B+); 3.0-2.9 (B); 2.8-2.5 (B-); 2.4-2.1 (C+); 2.0-1.7 (C); 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average, but credit will be allowed only once. /R indicates that the first grade was greater or equal to a 2.0 and the second grade does not count in the grade point average and credit is not allowed. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Effective winter 2005, /R indicates that a course is repeated. Grades for both courses are calculated in the grade point average. Grades for courses repeated more than once are not included in the grade point average. Credit is allowed only once.

Beginning autumn 1987, /R designates a foreign language course initially taken in high school and used as the language of admission. Credit is not allowed and the grade is not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SCHOOL OF LAW:
Effective autumn 1998, for entering first year Law students: Letter grades: A (4.0), A- (3.7), B+ (3.4), B (3.0), B- (2.7), C (2.0), D (1.0), E (0.0), CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). For Law students entering prior to autumn 1998: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR, NC, I, N, W, HW. Prior to 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, and W. GPA calc began Aut 05 for students (JD only) enrolled as of Spr 07.

SCHOOL OF MEDICINE:
Letter grades : H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added. Effective autumn 2002, S, NS were discontinued.

SCHOOL OF PHARMACY:
Numeric grades : 4.0, 3.9, decreasing by 1/10 to 0.7, 0.0. The highest grade is 4.0. Lowest passing grade is 0.7.

COURSE LEVEL:
Lower division, 100-299; upper division, 300-499; graduate 500 and above.

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

ACCREDITATION:
The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

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 purple SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON •

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. If you have any questions about this document, please contact our office at 206-543-8580. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

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Washington State Department of Health

166 -

PHYSICIAN & SURGEON

[redacted]

REVENUE SECTION

PRINT NAME Martin, Glenna

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

"0869"

$166.00

0869-5/5/2016 7:42:48 AM-601

UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR
Box 355850
Seattle, Washington 98195-5850

74-3918 170

03/03/16 SEA WA 350

PRESORTED
FIRST CLASS

U.S. POSTAGE PITNEY BOWES

ZIP 98195
02 1W
0001394029 MAR 04 2016

$ 000.41⁶

10 BSF-JAB 98504

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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855 --Telephone (817)868-4000

Recipient: **Date:** 05/25/2016

WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION

Examinee: Martin, Glenna Cecilia **Examinee ID:** 52703667

Alt Name(s): **Date of Birth:** 07/04/1985

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. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. 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	Total	MP	Comments
6/30/2011	Pass	234	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/28/2012	Pass	265	(196)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
8/9/2012	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
1/31/2016	Pass	244	(196)	

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

RECEIVED
MAY 26 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360-236-2763
M-Z 360-236-2767

MD
RECEIVED
JUN 23 2016
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Postgraduate Training Program Director Verification and Evaluation of Training

To be completed by the applicant:

Facility name Swedish Family Medicine Residency-Cherry Hill

Address 550 16th Ave, Suite 400, The Professional Bldg, Seattle WA 98122

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the postgraduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address shown below. All questions must be answered.

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
Glenna Martin	07/04/1985
Signature of applicant	

To be completed by the licensing agency:

1. Glenna Martin (Applicant Name (Print or type)) is or was engaged in postgraduate training in our program Swedish Family Medicine Residency-Cherry Hill from Beginning date (month/year) 06/14 to Ending date (month/year) 6/17 in the field of Family Medicine
2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No
   If no, does this program qualify the applicant to become board certified? ☐ Yes ☐ No
3. Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No
   If yes, please explain _____
4. Did this applicant successfully complete this training program? ☐ Yes ☐ No
   ☐ In process OR ☒ expected date of completion 6/24/17

Signature _____

Title Program Director, Swedish Family Medicine Residency CH

Email Paul.Giannitsos@swedish.org

Address 550 16th Ave., Suite 400
Seattle, WA 98122

Return to address listed above

Date 6/23/16 Phone 206 320-2233

DOH 667-121 May 2015

AMA Physician Profile

PREPARED FOR

Washington State Dpt of Hlth, Tumwater, WA

Name and Mailing Address

GLENNA CECILIA MARTIN

[redacted]

Birth date 07/04/1985

Primary Office Address

550 16TH AVE STE 100
SEATTLE, WA 98122-5636

Phone UNKNOWN

Physician's major professional activity HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1932511953	05/25/2014	NOT RPTD	NOT RPTD	NOT RPTD	04/23/2016

Current and/or historical medical school

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2014

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

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for

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reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

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

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

Sponsoring Institution: SWEDISH MEDICAL CENTER
Sponsoring State: WASHINGTON
Program name: SWEDISH MEDICAL CENTER/CHERRY HILL PROGRAM
Specialty: FAMILY MEDICINE
Dates: 6/2014 - 6/2017 (Verified) ✓

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.
Certificate:
Certificate type:

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

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

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Washington	MD	06/27/2014	07/31/2016	ACTIVE	LIMITED	05/02/2016

Action Notifications

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

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

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

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address

None Reported

Only the last three characters of active DEA numbers are displayed

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

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at https://cvsonline2.ecfmg.org/

Profile Information

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The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

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

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PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Washington Medical Quality Assurance Commission	As of Date:5/13/2016

PRACTITIONER INFORMATION

Name:	Glenna Cecilia Martin
DOB:	7/4/1985
Medical School:	University of Washington School of Medicine Seattle, Washington, UNITED STATES
Year of Grad:	2014
Degree Type:	MD

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
WASHINGTON	ML60471440	6/27/2014	7/31/2016	5/2/2016

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

© 2014 FEDERATION OF STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for: Washington Medical Quality Assurance Commission

As of Date:5/13/2016

Practitioner Name: Glenna Cecilia Martin

ABMS® CERTIFICATION HISTORY

No ABMS 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.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

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Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360-236-2750

MD

Postgraduate Training Program Director Verification and Evaluation of Training

To be completed by the applicant:

Facility name: Swedish Medical Center

Address 550 16th Ave. Seattle, WA 98122

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the postgraduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **All questions must be answered.**

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
GLENNA CECILIA MARTIN	07/04/1985
Signature of applicant	

To be completed by the facility/agency/program:

1. _____ is or was engaged in postgraduate training in our
(Applicant Name (Print or type))
program Swedish Family Medicine Residency, Cherry Hill
from Beginning date (month/year) 06/14 to Ending date (month/year) 06/17
in the field of Family Medicine

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No
If no, does this program qualify the applicant to become board certified? ☐ Yes ☐ No

3. Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No
If yes, please explain _____

4. Did this applicant successfully complete this training program? ☐ Yes ☒ No
☒ in process OR ☐ expected date of completion _____

[redacted]

Signature _____
Title Program Director
Email paul.giannitos@swedish.org
Address 550 16th Ave. Ste. 100
Seattle, WA 98122
Date 04/26/16 Phone 206-320-2233

Return to address listed above

DOH 657-121 December 2015

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Wednesday, June 01, 2016 10:33 AM
To: 'glennacm@gmail.com'
Subject: Missing items Martin

June 1, 2016

Dear Dr. Martin,

This is to acknowledge receipt of your application for your physician and surgeon licensure in the state of Washington.

MISSING ITEM(S)

PHOTO 2x2 signed and date taken – The photo take was from 6/2014. It is over a year old. Please send me a current photo taken within the last year. Please send it my address below.

POST GRAD TRAINING VERIFICATION --The verification received was too early. You have not completed 24 months until 6/16/16. The program will have to complete a new one on that date.

If you have any further questions or need additional information, send an email me at joe.mihelich@doh.wa.gov .

Sincerely,

Joe Mihelich
Health Services Consultant 1
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2767 phone
360-236-2795 Fax
Website: www.doh.wa.gov/Medical
Email: joe.mihelich@doh.wa.gov
Work schedule Tuesday-Friday 6:00 am to 5:00 pm

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Friday, June 27, 2014 12:06 PM
To: 'glennacm@gmail.com'
Subject: licensed MDRE.ML.60471440 expires 7/31/15

The program will receive the license in the mail.

Joe Mihelich
Health Services Consultant 1
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2767 phone
360-236-2795 Fax
Website: www.doh.wa.gov/Medical
Email: joe.mihelich@doh.wa.gov

Medical Quality Assurance Commission
Limited License Application Worksheet

Name MARTIN, GLENNA Date of Birth 7/4/1985

Date Received 4/30/14

5/5/14 WSP Check	x Fee	x Photo	x Data1-15	x AIDS	x Attest	x SSN	x SS# letter

Chronology x Complete

Missing: _____ to _____; _____ to _____; _____ to _____

☐ Residency ☐ Institution ☐ Fellowship ☐ City/County ☐ Teaching/Research

5/2/14 **FSMB** ✓

N/A **AMA**

Personal Data "Yes"s	Documentation Received

Malpractice Cases

1 _____
2 _____
3 _____
4 _____

Synopsis	Disposition

Medical School

Name UW Year of Degree 2014 ☑ Transcripts ☐ Translations

Post Graduate Training Programs	Received

Post Graduate Training Programs	Received

Received	State Licensure

Received	Hospital Privileges

Received: x

Program/Employment Verification ✓

SWEDISH HILL 6/18/14

Approved Dawn Strong Signature

6/27/14 Date

Comments:

Washington State Department of Health

391-

LIMITED PHYSICIAN

REVENUE SECTION

PRINT NAME Martin, Glenna

1F 0252140000 00335

"0187"

$391.00

0187-4/30/2014 7:43:02 AM-601

Washington State Department of Health

Background Check Processed
MAY 05 2014
WSP
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

RECEIVED
APR 30 2014
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Revenue 0252140000

Limited Physician & Surgeons License Application

☒ Resident Physician ☐ Fellowship (2 year limit) ☐ Teaching/Research ☐ County/City Health Department ☐ Institutional

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)
22 Licensee SSN

Name First: Glenna Middle: Cecilia Last: Martin

Birth date (MM/DD/YYYY): 07/04/1985 Place of Birth: City Santa Fe State NM Country USA

Address: Swedish Family Medicine 550-16th Ave #100 City: Seattle

State: WA Zip Code: 98122 County: King

Phone Number: 23 LicenseeAddress Fax Number: n/a Cell Number: 23 LicenseeAddress

Email Address: glennaom@gmail.com

Have you ever been known under any other name(s)? If yes, list name(s):
NO

Will documents be received in another name? If yes, list name(s):
NO

Institution or Training Program Information (Required)

Institution/Program Name: Swedish Family Medicine Residency Cherry Hill

Institution/Program Mailing Address: 550 16th Avenue #100

City: Seattle State: WA

Zip: 98122 County: King

Medical Specialty

Medical school: University of Washington SOM Year of Graduation: 2014

Medical Specialty: Family Medicine

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☒

   "Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

   If you answered yes to question 1, explain:

   1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

   1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

   Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

   The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ..... ☐ ☒

   "Currently" means within the past two years.

   "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☒

   "Currently" means within the past two years.

   Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

   Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☒

   Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

   To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

	Yes	No
a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction	☐	☒

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?	☐	☐
6. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	☐	☒
b. Diverted controlled substances or legend drugs?	☐	☒
c. Violated any drug law?	☐	☒
d. Prescribed controlled substances for yourself?	☐	☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	☐	☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	☐	☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	☐	☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	☐	☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	☐	☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☒
15. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☒

3. Medical Education and Experience

Provide a chronological listing of your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start (mm/yyyy)	End (mm/yyyy)
Medical education (list all medical schools attended)				
University of Washington SOM	MD	5	08/2009	06/2014
Post graduate training (list all programs attended)				
University of Washington SOPH	MPH	1	08/2012	08/2013

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
N/A			

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy
N/A		

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
N/A						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials	Date
GM	4/1/14

8. Applicant's Photograph

Photo Here

Height 5'7"

Weight 140

Hair color blonde

Color of eyes blue

Signature Glen Mitchell

Date of Photo 10/15/2013

9. Applicant's Attestation

I, Glenna Martin, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 4/1/2014 at Seattle, Washington (city, state)

By: Glenna Martin
Signature of applicant

UW Medicine
SCHOOL OF MEDICINE

Office of the Dean
Academic Affairs

1959 NE Pacific St.
Box 356340
Seattle, WA 98195

(206) 543-5560
FAX: (206) 616-3341

RECEIVED
JUN 27 2014
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

June 23, 2014

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

To Whom It May Concern:

This letter is to certify that Glenna Martin graduated on June 13, 2014 from the University of Washington School of Medicine with the degree of Doctor of Medicine after successful completion of all the requirements.

The official UW transcripts will not be available until late-June and the diploma will not be available until mid-September or early October 2014.

Sincerely,

Tracy Bui
Registrar Specialist
School of Medicine
University of Washington

SCHOOL
SEAL

Washington State Department of Health

LMT

Medical Quality Assurance Commission

Resident Physician Limited License

This certifies the appointment of the following individual who is being recommended for a limited license in Washington State.

Name of Resident Physician* : Glenna Ceeilia Martin

Name of training program/specialty Program: Swedish Family Medicine Residency Cherry Hill Specialty: Family Medicine

Name of sponsoring institution: Swedish Health Services/Swedish Medical Center

Beginning date 06/18/2014 mm/dd/yyyy

(Signature) Director of Program

Is this an ACGME Program? ..... Yes ☒ No ☐

* Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of post graduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.

Note: The issuance of a limited license does not allow the individual to engage in the practice of medicine outside the supervision of the post-graduate clinical medical training program.

Return to:

Medical Quality Assurance Commission
P O Box 47866 Olympia, WA 98504-7866

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

May 02, 2014

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: May 02, 2014
Your Reference Number:
FSMB Batch Number: BQ2435618

The following is a final report of the search results from the Board Action Data Bank as of May 02, 2014 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 02, 2014

Item	Name	DOB	School	Yr/Grad	Request ID
2	MARTIN, GLENNA	07/04/1985	048010	2014	27300216

LICENSE HISTORY
State Board
No License Information Available ✓

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Tuesday, May 06, 2014 8:08 AM
To: 'glennacm@gmail.com'
Subject: Missing item Martin

May 6, 2014

Dear Dr. Martin,

This is to acknowledge receipt of your application to obtain a limited license in the state of Washington.

Your application and fee of $391.00 was received on April 30, 2014.

MISSING ITEM(S)
TRANSCRIPTS WITH DEGREE POSTED OR LETTER STATING THAT YOU WILL BE GRADUATING OR HAVE GRADUATED

If you have any further questions or need additional information, please feel free to call me at (360) 236-2767 email me at joe.mihelich@doh.wa.gov , or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

Joe Mihelich
Health Services Consultant 1
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2767 phone
360-236-2795 Fax
Website: www.doh.wa.gov/Medical
Email: joe.mihelich@doh.wa.gov

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Friday, June 24, 2016 12:28 PM
To: 'glennacm@gmail.com'
Subject: full license issued MD.MD.60663360 expires 7/4/17
Attachments: New Licensee Letter.pdf

Dr. Martin,

Congratulations! Your physician and surgeon license has been issued. You should receive your license in the mail, in the next 10-14 business days.

- **License Number: MD.MD.60663360**
- **Expiration Date: 7/4/17**

- **To verify your current license, or print off a temporary copy, please use the below link, and enter your name or license number into the search engine:**

  https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx

- **To update your contact information with us please use the below link, and click on "Change Your Contact Information":**

  http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission.aspx

Joe Mihelich
Health Services Consultant 1
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2767 phone
360-236-2795 Fax
Website: www.doh.wa.gov/Medical
Email: joe.mihelich@doh.wa.gov
Work schedule Tuesday-Friday 6:00 am to 5:00 pm

Redaction Date: 12/14/2022 9:49:14 AM

Redaction Log

Total Number of Redactions in Document: 14

Redaction Reasons by Page

Page	Reason	Description	Occurrences
2	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
2	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	7
8	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
10	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
17	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1
29	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
29	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	2