

Credential View Screen [update]



Sean Gadye Trafficante  
Address:

☐ Public ☒ Mail

[change mail address]  
Sean Gadye Trafficante  
PO Box 29344  
Bellingham, WA 98228-1344

ID 1172631  
Warnings  
SSN/FEIN 22 Licensee SSN  
Contact Standing Living  
Contact Type INDIVIDUAL  
Birth Date 11/14/1982  
Public File YES  
Mailing List  
US Citizen  
Email: trafficantes@gmail.com

Contact  
Audit  
Enforcement  
Cont. Edu  
Documents  
Owned By/K  
Exams  
Experience  
Notes  
Schools  
Librarian  
Application  
Other State  
Online Infor

Comments:

Physician And Surgeon License [update] [form letter]

Credential # MD.MD.60543738  
Application Date 02/13/2015  
Effective Date  
Expiration Date  
First Issuance Date  
Last Date Of Contact 03/30/2015  
CE Due Date

Credential Status PENDING (02/20/2015)  
Status Reason INITIAL APPLICATION IN PROCESS  
Amount Due \$0.00  
Date Last Activity 3/30/2015 2:18:11 PM  
Last Updated by Vann, Robert  
Certificate Sent Date

Audit  
Documents  
Verification  
Workflow  
Key Mgmt  
Fees  
Notes  
Print Docs  
Comp. Audit  
Renewal  
License Status

Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow

RECEIVED

MAR 31 2015

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

User Definable License Data

Field Value

[update]  
Field

Value

Field	Value
Method of Licensure	ENDORSEMENT
Medical Speciality	Family Medicine
National Provider Identifier (NPI)	1396038980
HEAL WA Fee Not Included	Yes
Cash Receipt Sequence Number	03307
Cash Receipt Date	20150213
Cash Receipt Batch Number	0602
MD Survey 6a. US State Degree	
MD Survey 6b. Foreign Degree	
MD Survey 7a. Reside in WA State?	
MD Survey 7b. If Not Residing in WA State	
MD Survey 7c. Home State	
MD Survey 8. Practice in WA State?	
MD Survey 9a. Primary Site Zip	
MD Survey 9b. Secondary Site Zip	
MD Survey 10a1. Residency Accredited by ACGME?	
MD Survey 10a2. Residency Specialty	
MD Survey 10a3. Residency Subspecialty	
MD Survey 10b1. Board Certified by ABMS?	
MD Survey 10b2. ABMS Specialty	
MD Survey 10b3. ABMS Subspecialty	
MD Survey 10b3.a. Additional ABMS Specialty	
MD Survey 10b3.b. Additional ABMS Subspecialty	
MD Survey 10b4. Other Certification Body	

FINGERPRINT

MAR 30 2015

CSO/Credentialing Background

MD Survey 10b5. Other Certification Specialty  
MD Survey 11a. Practice Primary Specialty  
MD Survey 11a1. Other Primary Specialties  
MD Survey 11b. Practice Secondary Specialty  
MD Survey 12a. Practice Type  
MD Survey 12b. Single Specialty Size of Group  
MD Survey 12c. Multi-Specialty Size of Group  
MD Survey 12d. Other Practice Type?  
MD Survey 13a. Clinical Practice Office Based?  
MD Survey 13b. Clinical Practice Hospital Based?  
MD Survey 13c. Clinical Practice Both?  
MD Survey 13d. Clinical Practice Neither?  
MD Survey 14a. Practice Telehealth/Telemedicine?  
MD Survey 14b. If Yes, Describe Setting?  
MD Survey 14c. # of Hours/Week in This Setting?  
MD Survey 15a. Hospital Privileges?  
MD Survey 15b. Other Hospital Privileges  
MD Survey 16a. Average # of Clinical Hours/Week  
MD Survey 16b. Average # of Research Hours/Week  
MD Survey 16c. Average # of Admin Hours/Week  
MD Survey 16d. Average # of Education Hours/Week  
MD Survey 16e. Average # of Volunteer Hours/Week  
MD Survey 16f. Average # of Other Hours/Week  
MD Survey 17. Weeks Worked in Past 12 Months?  
MD Survey 18. Perform Office Based Surgery?  
MD Survey 19a. Prescribe Opioids?  
MD Survey 19b. If Yes, # of Patients?  
MD Survey 20a. Practice Nontraditional Medicine?  
MD Survey 20b. Type of Nontraditional Medicine?  
MD Survey 21a. Additional Language 1  
MD Survey 21b. Additional Languages 2  
MD Survey 21c. Additional Languages 3  
MD Survey 21d. Additional Languages 4  
MD Survey 21e. Additional Language 5  
MD Survey 21f. Other Language  
MD Survey 22. Concerns About Current Practice?  
MD Survey Date Received  
MD Survey Date Entered



## Mihelich, Joe D (DOH)

---

**From:** Mihelich, Joe D (DOH)  
**Sent:** Wednesday, April 01, 2015 1:29 PM  
**To:** 'trafficanter@gmail.com'  
**Subject:** licensed MD.MD.60543738 expires 11/14/15  
**Attachments:** Address change.mht; New Licensee Letter.pdf

You are licensed.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

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](http://www.doh.wa.gov/Medical)  
Email: [joe.mihelich@doh.wa.gov](mailto:joe.mihelich@doh.wa.gov)  
Work schedule Tuesday-Friday 6:00 am to 5:00 pm

# Medical Quality Assurance Commission Physician Application Worksheet

Name TRAFFICANTE, SEAN DOB 11/14/1982  
Date Received 2/13/15 Temp Issued ☐ Number 60543738 Closed ☐

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-15 ☒ AIDS ☒ Attes ☒ SSN

## Chronology

MISSING

☒  
Complete

2/20/15  
FSMB

2/20/15  
AMA

N/A  
ECFMG

3/31/15  
FBI

Personal Data "Yes"s  
11

Documentation Received  
YES

## Malpractice Cases

1  
2  
3  
4  
5  
6  
7

## Synopsis Disposition


## Medical School

LOA ☒

Name TULANE Year of Degree 2010 2/27/15 Transcripts ☐ Translations

Examination Type ☐ National ☐ FLEX ☒ USMLE ☐ State Exam ☐ LMCC 2/18/15 Scores Received

## Post Graduate

## Post Graduate

Received

## Training Programs

<u>2/23/15</u>	<u>UNIVERSITY OF WISCONSIN 7/11-9/14</u> <input checked="" type="checkbox"/> Y

Received

## Training Programs


Received

State

<u>2/11/15</u>	<u>OR</u> <input checked="" type="checkbox"/>
<u>3/27/15</u>	<u>IL</u> <input checked="" type="checkbox"/>
<u>2/11/15</u>	<u>WI</u> <input checked="" type="checkbox"/>

Received

Hospital verification


Received

Hospital verification


Approved

Dan Heger  
Signature

4/1/15  
Date

Comments:

Dr. Heger approved





April 1, 2015

MEMO TO: Dr Heye

FROM: Dawn Thompson

RE: Applicant: Sean Trafficante, MD

Medical School: Tulane

Specialty: Family Medicine

ISSUE: Dr. Tarfficante took a two year leave of absence after his first semester of Medical school as he was unsure if he wanted to continue a career in medicine. He returned and completed his education within the 4 years allotted.

Dr. Tarfficante extended his 1<sup>st</sup> year of residency by 3 months to be able to meet the requirements for efficiency, medical knowledge and oral presentations. He completed his residency without any further issues.

**Consideration for licensure:**

OK TO license  
GH

4-1-15



Background  
Check Processed  
FEB 24 2015

NPDS/HIPDB/WSP  
DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

RECEIVED

Date FEB 13 2015  
DEPARTMENT OF HEALTH  
MEDICAL COMMISSION  
Stamp Here

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

#### 1. Demographic Information

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

22 Licensee SSN

☒ Male  
☐ Female

Name First Middle Last

SEAN GADYE TRAFFICANTE

Birth date (mm/dd/yyyy)

11/14/1982

Place of birth

City

NEW YORK

State

NY

Country

USA

Address

645 SW 83rd AVE

City

PORTLAND

State

OR

Zip Code

97225

County

WASHINGTON

Country

USA

Phone (enter 10 digit #)

23 LicenseeAddress

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address:

trafficante@gmail.com

Mailing address if different from above address of record

City

State

Zip Code

County

Country

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 Speciality

Medical school TULANE UNIVERSITY SCHOOL OF MEDICINE Year of graduation 2010

Medical speciality 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? ☒ ☐ \* see addendum #1

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)? ☐ ☒



Dear Washington Medical Board,

This addendum is in reference to Section 4 on the application for licensure in the state of Washington.

There are instructions to account for any periods of time greater than 30 days.

The period between my medical school graduation (5/2010) and my departure for Sierra Leone (8/2010) was spent moving and storing my possessions. Additionally, I attended a training workshop about working with asylum seekers and survivors of torture. Additionally, I attended the General Assembly of Doctors for Global Health. This was the organization I would volunteer with in Sierra Leone.

After returning from Sierra Leone (5/2011) and beginning residency (7/2011) I relocated from Portland, OR to Madison, WI, visited friends and family, and participated in pre-residency training.

The period of time since completing residency (9/30/14) until the present can be accounted for as follows:

October 2014: Moving from Madison, WI to Portland, OR. Travel to visit friends and family.

November 2014: Travel to visit friends and family.

December/January 2015: Advanced Clinical training with Planned Parenthood of the Rocky Mountains in Denver, CO.

February 2015: Job interviews and relocation to Bellingham, WA ✓

Of course, please be in touch with any questions or need for further clarification.

Sincerely,



Sean Trafficante, MD

### 3. Medical Education and Experience

Provide a date 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)				
TULANE UNIVERSITY SCHOOL OF MEDICINE	MD	4	8/2004	5/2010
Post graduate training (list all programs attended)				
UNIVERSITY OF WISCONSIN DEPT. OF FAMILY MEDICINE		3	7/2011	9/2014

\* See Addendum #2

### 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
Kenema Govt. Hospital. Kenema Sierra Leone	8/2010	5/2011	Volunteer Clinical Attachment. Working with NGO focused on treatment + prevention of sexual and gender based violence.
Planned Parenthood of the Rocky Mountains	12/10/2014	1/10/2015	Advanced clinical training following graduation from residency.

\* See Addendum #3

### 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



## 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 date 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		
Oregon	11/14/2014	169894			active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
WISCONSIN	6/20/2013	60984-20	USMLE STEP 3 11/1/2012		active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
ILLINOIS (temporary)	1/20/2014	188.000586			inactive	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
WISCONSIN (training)	7/1/2012	4115-850			inactive	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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

ST

Date

2/10/15

## 8. Applicant's Photograph

Photo Here



Height 5'10"  
Weight 140 lbs  
Hair color brown  
Color of eyes brown

Signature

Date of Photo

9/10/14

## 9. Applicant's Attestation

I, SEAN TRAFFICANTE, declare under penalty of perjury under the  
(Print applicant name clearly)

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

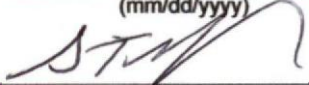
- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my 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 2/10/2015 at Portland, OR  
(mm/dd/yyyy) (city, state)

By:   
(Signature of applicant)



Addendum # 2

2/10/15

Dear Washington Medical Board,

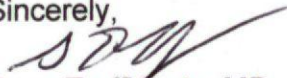
This addendum is in reference to Section 3 on the application for licensure in the state of Washington.

I would like to account for a period of time between January 2005 and January 2007. During this time I took a leave of absence from medical school. This occurred after I completed my first semester which began in August of 2004. The leave of absence was because I was not certain that I wanted to pursue a career in medicine. I left in good academic standing and upon my return had no academic difficulties and graduated in the standard 4 year time period.

During the 2 year leave of absence I worked in the service industry, construction and as an English teacher in China. Following these experiences and personal study I decided to return to the field of medicine.

Of course, please be in touch with myself or my medical school for any further questions about this matter.

Sincerely,

  
Sean Trafficante, MD



as of December 2, 2013

TULANE UNIVERSITY SCHOOL OF MEDICINE  
Office of Admissions and Student Affairs  
1430 Tulane Avenue, #8010  
New Orleans, LA 70112-2699  
(504) 988-5331

Name TRAFFICANTE, SEAN

Birth Place

Birthday:

November 14, 1982

Date Degree Awarded: May 15, 2010

Degree Awarded

Doctor Of Medicine

OFFICIAL TRANSCRIPT **RECEIVED**

FEB 27 2015

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

**Acad Yr T1**

Course	Course Descrp	Yr	Credit	Grade
MDANGRO	GROSS ANATOMY	2005	207 HRS	P
MDANHIS	HISTOLOGY	2005	124 HRS	P
MDBICMB	HUMAN MOLECULAR & CELLULAR BIOCHEM	2005	39 HRS	P
MDMDMS	MEDICAL SPANISH	2005	HRS	P
MDMDWM	WILDERNESS MEDICINE	2007	HRS	P
MDIDCM1	FOUNDATIONS MED I	2007	137 HRS	P
MDMDMS	MEDICAL SPANISH	2007	HRS	P
MDPSPS	PHYSIOLOGY	2007	116 HRS	P
MDNCNC	NEUROSCIENCE	2007	77 HRS	P
MDBIBI	HUMAN METABOLIC BIOCHEMISTRY	2007	124 HRS	P

**Acad Yr T2**

Course	Course Descrp	Yr	Credit	Grade
MDPAMEC	MECHNMS OF DISEASE	2008	340 HRS	P
MDMIMIC	MICROBIOLOGY	2008	100 HRS	P
MDIDCM2	FOUNDATIONS MED II	2008	39 HRS	P
MDPHPH	PHARMACOLOGY	2008	126 HRS	P
MDGNGN	GENETICS	2008	34 HRS	P
MDPDPDG	CLINICAL DIAGNOSIS AND BIOSTATISTICS	2008	84 HRS	P
MDMDSS	SEMINAR SERIES	2008	HRS	P
MDMIIMM	IMM/RHEUM/ALL	2008	27 HRS	P

**Acad Yr Clinical Rotations**

Course	Course Descrp	Yr	Credit	Grade
MDSRSR TUL	SURGERY	2009	200 HRS	P
MDPYPY TUL	PSYCHIATRY	2009	100 HRS	H
MDNENE TUL	NEUROLOGY	2009	100 HRS	H
MDFCFM2TUL	FAMILY MEDICINE	2009	50 HRS	P
MDFCFP 000	FAMILY PRACTICE	2009	100 HRS	H
MDMDINMTUL	INTERNAL MEDICINE SPECIALITY CLINIC	2009	100 HRS	P
MDOBOB TUL	OBSTET & GYNECOL	2009	200 HRS	P
MDMDMD TUL	MEDICINE	2009	200 HRS	P
MDFCFC TUL	FAMILY PRACTICE	2010	100 HRS	H
MDMDEM 000	EMERGENCY MEDICINE	2010	100 HRS	HP
MDRDRD2TUL	RADIOLOGY	2010	50 HRS	P
MDMDEM2TUL	EMERGENCY MEDICINE	2010	50 HRS	P
MDFCFC 000	FAMILY PRACTICE	2010	100 HRS	H
MDMDEM 000	EMERGENCY MEDICINE	2010	100 HRS	P
MDFCFM6TUL	FAMILY MEDICINE	2010	150 HRS	H
MDPDPD TUL	PEDIATRICS	2010	200 HRS	HP
MDSROU2TUL	OUTPT SURGERY	2010	50 HRS	P
MDFCSUBTUL	SUBINTERNSHIP	2010	100 HRS	H

\* - GRADED PASS/FAIL

\*\* - YEAR GRADED PASS/FAIL

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 confirmation information on back.

**RAISED SEAL NOT REQUIRED**

This official college transcript is printed on SCRIP-SAFE® security paper and does not require a raised seal.

Signature below appears in white - Do not accept if signature is distorted.

L. LEE HAMM, MD,  
DEAN, SCHOOL OF MEDICINE, SENIOR VICE PRESIDENT





# Tulane University School of Medicine

## HISTORY

The Medical College of Louisiana was founded in New Orleans in the fall of 1834. The college was established by three physicians who formed the core of the faculty during the initial years. The college which they established in New Orleans became Tulane University School of Medicine in 1884 as a response to a bequest from Paul Tulane, a successful local businessman. Tulane is the oldest continuously operating (except for a brief period during the Civil War) medical school in the United States west of the Appalachian Mountains.

## ACCREDITATION

Tulane University School of Medicine is accredited by the Liaison Committee on Medical Education.

## GRADING SYSTEM

Beginning with the 2005-2006 academic year, only Pass/Condition/Fail grades are assigned for the First and Second years of Medical School. Clinical courses are graded on an Honors/High Pass/Pass/Condition/Fail system. Assignment of the final grade is the prerogative of each department and there is some variation among the departments from the formula by which the final grade is determined. Condition grades are converted to either a Condition/Pass (CP) or Fail (F) grade, following remediation. Courses graded Pass/Condition/Fail are designated by an asterisk (\*) on the transcript.

## CLINICAL COURSES

### H Honors

Is awarded to a student whose performance in all phases of the course has surpassed the minimum standards required by the faculty and was clearly superior to that of the average student taking the course. In courses in which an overall, final numerical grade is derived, "Honors" generally corresponds to a grade of 94 (on a scale of 100) or higher.

### HP High Pass

Is awarded to a student whose performance surpassed the minimum standards required by the faculty and was distinctly above average for students taking the course. In courses for which an overall final numerical grade is derived, "High Pass" generally corresponds to grades in the range 86-93. This grade may also be awarded to a student whose performance was uneven in different phases of the course (e.g., a student who achieved high scores on objective examinations but whose ward or laboratory work was unremarkable).

### P Pass

Is awarded to a student whose performance in the course met or surpassed the minimum standards required by the faculty. In courses for which an overall final numerical grade is derived, "Pass" generally corresponds to a grade in the range 70-85.

### C Condition

Is assigned in preclinical courses to a student whose performance was marginal. In preclinical courses for which an overall, final numerical grade is derived, "Condition" generally corresponds to a grade in the range 65-69. It may also be assigned to a student who failed to meet the minimum standards required in one or more sections of a course, despite an overall final passing average (e.g., a student who scored well on written examinations but who did not perform satisfactorily in the laboratory component). Invariably, this grade constitutes an academic deficiency requiring remedial work - at least, passing a repeat comprehensive final examination and possibly successful repetition of the course.

### F Failure

In clinical clerkships, "Condition" is awarded to students whose performance on the wards or in other clinical aspects of the clerkship was satisfactory, but who failed the final comprehensive examination. In such cases, the deficiency must be cleared by passing a repeat examination. Is assigned to the student whose performance did not meet the minimum standards required by the faculty for the course. In preclinical courses or in clinical clerkships for which an overall final numerical grade is derived, "Failure" generally corresponds to grades below 65. In clinical clerkships, "Failure" should be assigned

### I Incomplete

to students whose performance on the ward or in other clinical aspects of the clerkship was unsatisfactory, regardless of their having passed the final comprehensive examination. Is assigned in cases where there is an unavoidable delay, caused by illness or other emergencies, in completion of course requirements. This grade will be assigned at the end of the course(s) when all but a minor portion of the course requirements have been completed. The "I" is a temporary grade and will be replaced on the transcript with the grade earned by the student. The student must satisfactorily complete the course requirements, thus earning at least a passing grade before being eligible for promotion to the succeeding year of study.

### W Withdrawn

Is assigned for all courses currently being taken in cases where a student must be placed on leave of absence for a medical or psychiatric condition, as certified by a member of the clinical faculty at the School of Medicine, or in cases where the student is suffering serious personal difficulties, as judged by the Dean or his appointed delegate, and is thus unable to complete course requirements. Generally, a "W," as opposed to an "I," is recorded on the transcript in cases where the student is forced to discontinue studies before completing approximately two-thirds of the course requirements. The "W" is also assigned in all courses currently being taken when the student voluntarily and permanently withdraws from the School of Medicine.

### EX Exempt

Indicates that the student was exempted from a core course on the basis of previous course work taken, usually in Tulane's School of Public Health and Tropical Medicine or in a graduate studies program.

## ELECTIVE COURSES

Tulane University School of Medicine employs only the grades "Pass" and "Fail" in the elective program, with "Pass" being awarded to a student whose performance met or surpassed the minimum standards required by the faculty.

## CALENDAR

Tulane University School of Medicine operates on a year-long term. Classes for freshmen and sophomores begin in mid-August and continue through May of the following year. The junior and senior years are combined into a 24-month clinical continuum, without separation between these years. As such, elective rotations can be taken during the chronologic junior year. For the required rotations: Internal Medicine, Surgery, Pediatrics, and OB/GYN are two month rotations; Family Medicine is a six week rotation; Psychiatry, Neurology, Ambulatory Medicine, and a sub-internship are each one month rotations; and, Radiology, Emergency Medicine and Ambulatory Surgery are two week rotations. As a graduation requirement, all students need to complete seven months of electives in addition to the required rotations. Graduation is in May of the senior year.

## VALIDATION

This transcript, subsequent to and including 1995 fall, is official only when it is printed on green safety paper, embossed with the University seal, and bears the signature of the Dean of the School of Medicine in white ink. Prior to 1995 fall, the transcript is not printed on green safety paper but is official when it is embossed with the University Seal and bears the signature of the Dean of the School of Medicine in black ink.

**TO TEST FOR AUTHENTICITY:** Translucent globe icons *ML-5T* be visible from both sides when held toward a light source. The face of this transcript is printed on green *SCRIP-SAFE*® paper with the name of the institution appearing in white type over the face of the entire document.

**ADDITIONAL TESTS:** When photocopied, a latent security statement containing the institution name and the words **VOID VAND** **VOID** appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (504) 988-5331.

ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

SCRIP-SAFE® Security Products, Inc. Cincinnati, OH • U.S. Patent 5,171,040 11149411



Tulane  
University

TULANE UNIVERSITY SCHOOL OF MEDICINE

Graduate Medical Education

1430 Tulane Ave., 8025

New Orleans, LA 70112

XX2-23-15 BATON ROUGE LA 708

PRESORTED  
FIRST CLASS



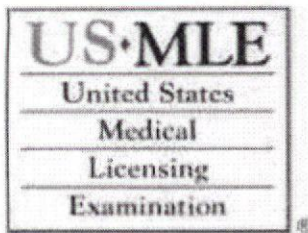
ZIP 70112 \$ 000.36  
02 1W  
0001372844 FEB 20 2015

Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia WA 98504-7866

ANXTS5B 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 Wisner Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date : 02/18/2015

**Recipient:**

Washington Medical Quality Assurance Commission  
ATTN: MD Credentialing Unit  
PO Box 47866  
Olympia, WA 98504-7866

**Examinee:** Trafficante, Sean Gadye  
**Alt Name(s):**

**Examinee ID#:** 5-179-401-4  
**Date of Birth:** 11/14/1982

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
06/06/2008	Pass	204	(185)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
12/22/2009	Pass	225	(184)	

### Clinical Skills (CS)\*

Test Date	Pass/Fail	Total	MP	Comments
03/27/2010	Pass			

## USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
11/01/2012	Pass	224	(190)	

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



Washington State Department of  
**Health**  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866  
A-L 360-236-2765  
M-Z 360-236-2767

Please attach  
explanatory letter  
re: residency extension  
*Orin*

RECEIVED

FEB 23 2015

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION **MD**

To: Post Graduate Training Program Director

Facility name University of Wisconsin Department of Family Medicine

Address 1100 Delaplaine Ct Madison WI 53715

**RE: Verification/evaluation of training**

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 post-graduate 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 above. **All questions must be answered.**

Applicant Name (Print or type)

Sean Trafficante

Birth date (mm/dd/yyyy)

11/14/1982

Signature of applicant

1. SEAN G. TRAFFICANTE is or was engaged in postgraduate training in our  
Applicant Name (Print or type)

program Univ. of Wisconsin, Madison, Dept. of Family Medicine Residency Program

from Beginning date (month & year) 06/14/2011 to Ending date (month & year) 09/30/2014

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 \_\_\_\_\_

Return to address listed above.

Signature

Title

Residency Program Director

Address

UW Madison Dept. of Family Medicine Residency Program  
1100 Delaplaine Ct., Madison, WI 53715

Date

2-11-15

Phone

(608) 263-4550





University of Wisconsin  
**SCHOOL OF MEDICINE  
AND PUBLIC HEALTH**

Department of Family Medicine

July 24, 2014

To: Whom It May Concern:

From: Kathy Oriel, MD  
UW-Madison Family Medicine Residency Director

Re: Dr. Trafficante's residency extension

Dr. Trafficante came to us as a gifted, gentle, intuitive communicator who, from the start of residency worked with the most complex medical and psychosocially complex patients. He is facile in creating a positive, collaborative relationship with the patients, no matter how complicated and challenging the situation.

Dr. Trafficante postponed residency training one year to work in Sierra Leone with Doctors for Global Health after medical school graduation. During this time, he provided medical care and developing community-based initiatives for health and human rights. When he arrived for residency training, his clinical efficiency in seeing patients and documenting his care lagged behind his peers who did not take time off. Sean's ability to quickly synthesize information and verbally present patients in a logical, succinct way need some attention.

His patient care was always safe, competent and ethical, just not timely. His communication skills with patients and other members of the health care team were always felt to be exemplary. Second year residents in the UW-Madison Family Medicine Residency are expected to supervise the care of first year residents, and faculty did not feel Sean was ready to supervise come July of 2012. His first year of residency was extended for three months so he could focus on patient care efficiency and his oral presentations. He received this feedback with great humility, and made spectacular improvement in his efficiency, medical knowledge, and oral presentations. He was promoted to his second year of training October 1, 2013, and has performed admirably in all the ACGME competencies since. He is viewed by his resident peers as one of the best senior resident teachers, and I would feel comfortable sending a family member to Dr. Trafficante due to his thoroughness and caring nature.

He is also committed to working with underserved communities. He is an enthusiastic self-starter in expanding his knowledge base and skillset.

Sean's passion for service, his openness to feedback, his desire for excellence, and his true love of medicine and learning make him someone you will be pleased to work with. He will provide excellent care to your patients and will make your group better.

Please contact me if I can be of further assistance.

A handwritten signature in blue ink, appearing to read "Kathy Oriel". The signature is fluid and cursive, with the first name "Kathy" and last name "Oriel" clearly distinguishable.

Kathy Oriel, MD, MS

Family Medicine Residency Program Director

University of Wisconsin School of Medicine and Public Health



Dear Washington Medical Board,

This addendum is in reference to question #12 on my application for licensure in the state of Washington.

**"Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?"**

During my first year of residency (internship year), it was recommended that I continue to be supervised by attending physicians and upper level residents for an additional three months before supervising other residents myself. This was due to concerns about efficiency and medical knowledge. There were no concerns about patient safety or professional conduct. I understand this as an informal disciplinary action.

Following three months of additional supervision and development of skills I advanced to a status of upper level resident and began supervising interns. There were no further concerns for the duration of my residency and I met all assessment milestones and passed all required examinations without difficulty.

Due to the 3 additional months of internship I did have 3 months tacked on the the end of my residency and it is for this reason that I formally completed my residency at the end of September 2014.

I suspect that some of the difficulties I had at the beginning of residency were due to the year that I spent in Sierra Leone after medical school. While I was there I was based at a government hospital working with patient who had experienced sexual and gender based violence. The skills that I developed that year were numerous however not all applicable to a modern American hospital system. Working with an electronic medical record was a new skill I had to acquire as well as becoming reacquainted with the variety of tests and studies used in diagnosis. As I said before over the course of 3 months my efficiency and medical knowledge improved greatly.

Please feel free to contact myself or my program director Kathy Oriel, MD with any further questions or concerns.

Sincerely,



Sean Trafficante, MD



# Oregon

John A. Kitzhaber, MD, Governor

## Medical Board

1500 S.W. 1st Ave., Suite 620

Portland, OR 97201

Voice (971) 673-2700

FAX (971) 673-2670

Web: [www.oregon.gov/OMB](http://www.oregon.gov/OMB)

## Verification of Licensure

February 11, 2015

This is to certify that the records of the Oregon Medical Board indicate the following information regarding:

Licensee:	Trafficante, Sean Gadye, Dr.
Birth Year:	1982
Gender:	Male
Mailing Address:	1100 delaplaine CT Madison, WI 53715
Basis of Licensure:	USMLE
School:	TULANE UNIV SCH OF MED
School Location:	NEW ORLEANS, LOUISIANA, USA
Graduation Date:	05/15/2010

\*Disciplinary Standing: Unrestricted

*\* Please read explanation below*

License Number:	MD169894
Status:	Active
Status Limitations:	
Date Issued:	11/14/2014
Expiration Date:	12/31/2015
License Type:	MD License
Expedited Endorsement:	No
Specialty:	Family Medicine
Dispensing Physician:	No

### \* IMPORTANT - PLEASE READ

- "Disciplinary Standing" refers to whether or not the Oregon Medical Board has ever taken a formal action against a Licensee. Such actions are taken via a document called a Public Order. If the "Disciplinary Standing" field above says "Public Order on File," "Prior Action," or "Revoked," it means that the Board has taken formal action against this Licensee and your Board is entitled to receive free copies of all related Public Orders. These orders will be sent to you directly by the Oregon Medical Board via US mail within 2-4 working days from the date of this verification.
- If the "Disciplinary Standing" field says "Unrestricted," that means that the Board has never taken any formal action against the Licensee in question and, as a result, there are no Public Orders on file.





**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**Bruce Rauner**  
Governor

**Bryan Schneider**  
Acting Secretary

**Jay Stewart**  
Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

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

Licensee: SEAN GADYE TRAFFICANTE MD  
License Number: 188.000586  
Profession: VISITING RESIDENT  
Date of Issuance: 01/02/2014  
Expiration Date: 07/19/2014  
License Status: ACTIVE  
License Method: NON-EXAM  
Disciplinary History: Has not been disciplined

**RECEIVED**

MAR 12 2015

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



  
16

Jay Stewart  
Director

Division of Professional Regulation

March 9, 2015  
Date

*Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.*

**Wisconsin Department of Safety and  
Professional Services  
Wisconsin Medical Examining Board**

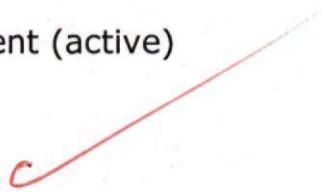
---

## Electronic Licensure Verification

**This real-time Licensure Verification page is electronically certified proof of licensure, as requested, and as it appears in the files of the Wisconsin Medical Examining Board as of Wednesday, February 11, 2015 1:51:49 PM - Central Standard Time**

### License Information

<b>Name</b>	TRAFFICANTE, SEAN G
<b>Credential Type</b>	Medicine and Surgery, MD
<b>Credential Number</b>	60984-20
<b>Location</b>	MADISON, WI
<b>Status</b>	credential license is current (active)
<b>Issue Date</b>	06/20/2013
<b>Expiration Date</b>	10/31/2015
<b>Disciplinary Order(s)</b>	No
<b>Licensee</b>	SEAN G TRAFFICANTE



### History

Description	Code	Date
USMLE Passed	EXAM	NO DATE
FBOR	EXAM	06/19/2013
Graduated from Tulane University School of Medicine	GRADUATED FROM	05/15/2010





# AMA Physician Profile

**Name and Mailing Address**

SEAN GADYE TRAFFICANTE MD  
UNIVERSITY OF WISCONSIN  
DEPARTMENT OF FAMILY MEDICINE  
1100 DELAPLAINE CT  
MADISON WI 53715-1840

**Primary Office Address**

SAME AS MAILING ADDRESS

**Phone** UNKNOWN

**Birth date** 11/14/1982

**Physician's major professional activity** OFFICE BASED PRACTICE

**Self-designated practice specialty** FAMILY MEDICINE (primary)  
UNSPECIFIED (secondary)

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

**AMA membership status** NON MEMBER

---

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

---

**Current and/or historical NPI information**

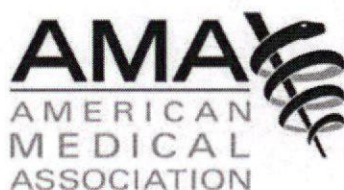
National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
1396038980	05/16/2011	NOT RPTD	NOT RPTD	NOT RPTD	01/17/2015

**Current and/or historical medical school**

TULANE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: Yes

Degree Year: 2010



### 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 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.

**Sponsoring Institution:** UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH  
**Sponsoring State:** WISCONSIN  
**Program name:** UNIVERSITY OF WISCONSIN (MADISON) PROGRAM  
**Specialty:** FAMILY MEDICINE ✓  
**Dates:** 06/2011 - 09/2014 (Verified)

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

### Current and/or historical medical licensure

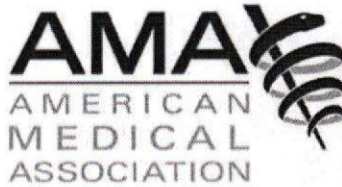
Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
OREGON	MD	11/14/2014	12/31/2015	ACTIVE	UNLIMITED	01/16/2015
ILLINOIS	MD	01/02/2014	07/19/2014	ACTIVE	RESIDENT	02/06/2015 ✓
WISCONSIN	MD	06/20/2013	10/31/2015	ACTIVE	UNLIMITED	02/11/2015

### 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/>





#### U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
XXXXXX807	22N 33N 4 5	11/30/2015	02/05/2015	Limited To Official University Duties On, University Of Wi- Madison, 1100 Delaplaine Ct, Madison, WI

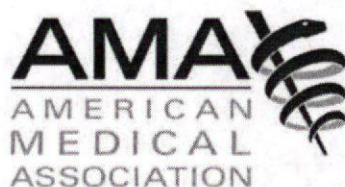
*Only the last three characters of active DEA numbers are displayed*

*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.*

#### 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: AMERICAN BOARD OF FAMILY MEDICINE  
Certificate: FAMILY MEDICINE  
Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
MOC+	10/01/2014		02/15/2016	INITIAL	02/05/2015

*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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*+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.*

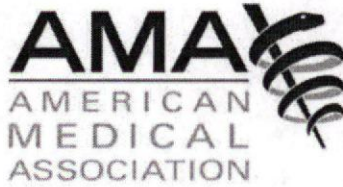
#### Action notifications

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 Public Health Service.





#### **Additional Information**

To date, there is no additional information for this physician on file.

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 onto our website ([www.ama-assn.org/go/amaprofiles](http://www.ama-assn.org/go/amaprofiles)) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association  
Division of Database Products  
Attn: Physician Products Portfolio  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611-5885

Fax: (312) 464-5900

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

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**PRACTITIONER PROFILE**

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Prepared for: Washington Medical Quality Assurance Commission As of Date:2/20/2015

---

**PRACTITIONER INFORMATION**

Name: Sean Gadye Trafficante  
DOB: 11/14/1982  
Medical School: Tulane University School of Medicine  
New Orleans, Louisiana, UNITED STATES  
Year of Grad: 2010  
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
OREGON	MD169894	11/14/2014	12/31/2015	2/17/2015
WISCONSIN	60984-20	6/20/2013	10/31/2015	11/21/2014





## PRACTITIONER PROFILE

Prepared for: Washington Medical Quality Assurance Commission As of Date:2/20/2015

Practitioner Name: Sean Gadye Trafficante

### ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Practice  
Certificate: Family Practice  
Certification Type: General  
Certification Status: Certified  
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	10/01/2014		02/15/2015	Initial	1/21/2015

*The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.*

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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.

**Mihelich, Joe D (DOH)**

---

**From:** Mihelich, Joe D (DOH)  
**Sent:** Tuesday, March 03, 2015 8:55 AM  
**To:** 'trafficanter@gmail.com'  
**Subject:** Missing items Trafficante

March 3, 2015

Dear Dr. Trafficante,

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

**MISSING ITEM(S)**

**FBI FINGERPRINT (packet sent)**

**LICENSE VERIFICATION (IL)**

**If you choose to use email as your way of checking on your application, that may be done at any time.**

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, send an email me at [joe.mihelich@doh.wa.gov](mailto: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](http://www.doh.wa.gov/Medical)  
Email: [joe.mihelich@doh.wa.gov](mailto:joe.mihelich@doh.wa.gov)



## Redaction Log

Total Number of Redactions in Document: 3

### Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	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
6	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
6	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

## Redaction Log

### Redaction Reasons by Exemption

Reason	Description	Pages (Count)
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(1) 6(1)
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	6(1)