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License Renewal Reminder

As of the beginning of 2019, all MD and PA license renewals have a mandatory questionnaire on the back of your renewal notice. All eight questions must be answered in order to process your renewal. There are required questions on the top and bottom of your renewal card. Be sure to submit both parts of the renewal card. We have noticed a pattern of practitioners only submitting the bottom part, which is an incomplete renewal.

If you answer "Yes" to any question, please also include a detailed explanation. Please note, we may reach out for additional information and supporting documentation depending on the nature of your answer. This is a requirement for all full MD and PA licenses, military active licenses, and retired active licenses.

Online renewals are available for full, unrestricted MD and PA licenses not under any current enforcement actions. There are special instructions for the online renewal, as you must first login through the Secure Access Washington portal, which will take you to the renewal page through the Department of Health website. These instructions are printed at the top of your renewal notice, and there is a visual walkthrough available for each step on the DOH website. Please note, online renewals are not available for limited licenses, military active licenses, retired active licenses, and any license under current enforcement actions.

If you have questions about the renewal process or the questionnaire please [email us](#).

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|---|--|---------------------------------------|---------------|
| NOTICE TO RENEW Return with Payment <small>Return immediately. Do not let your credential expire, make sure the Department of Health receives your renewal before your license expiration date. It is a violation of the law to practice without a current license and you may be subject to disciplinary action.</small> | Physician And Surgeon License MD License number | PAYABLE IN U.S. FUNDS | |
| | | Expiration Date | Amount Due |
| | | Due date | \$ 657.00 |
| | | —PAY LATE AMOUNT BELOW IF PAID AFTER— | |
| | | Due date | \$ 919.50 |
| | | Your CE due date is: Due date | CE Hours: 200 |
| I attest that I have completed, or will complete by my license expiration date, the Physician Demographic Survey. I hereby certify that I have met all Continuing Education requirements, if due, which I will document to the WMC upon request. Signature _____ Date _____ | | | |
| ■ 910252090000 00M900011970000000022019073100065700 | | | |

| Name | License Number |
|---|--|
| To process your renewal, you must answer all questions below by selecting "Yes" or "No". If you have renewed your license before, answer the questions covering the period of time that has elapsed since you last renewed your license. If this is the first time you have renewed this license since it was issued, answer the questions covering the period of time that has elapsed since the date of issuance of the license. If you answer "Yes" to any of the questions below, please attach a detailed explanation. | |
| 1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety? | YES <input type="radio"/> NO <input type="radio"/> |
| 2. Since you last renewed, have you, for any reason, been accused of misconduct, unreliability, neglect of work, or failure to meet professional responsibilities? | YES <input type="radio"/> NO <input type="radio"/> |
| 3. Since you last renewed, has any health profession license, certification, registration or permit you hold or have held been denied, surrendered, disciplined or are formal charges pending in any state? | YES <input type="radio"/> NO <input type="radio"/> |
| 4. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? | YES <input type="radio"/> NO <input type="radio"/> |
| 5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? | YES <input type="radio"/> NO <input type="radio"/> |
| 6. Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? | YES <input type="radio"/> NO <input type="radio"/> |
| 7. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline or have you resigned in lieu of discipline or termination? | YES <input type="radio"/> NO <input type="radio"/> |
| 8. Since you last renewed, have you been excluded from being a Medicare or Medicaid provider? | YES <input type="radio"/> NO <input type="radio"/> |

Update! Editorial Board

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Harry Harrison Jr., MD | Bruce Hopkins, MD

Jimi Bush, Managing Editor

[Email us](#) with your questions and comments.