

| | |
|-------------------|-------------------|
| CERT NO. 15773 | I. SUEB 5-9-77 |
|-------------------|-------------------|

STATE OF WASHINGTON
DIVISION OF PROFESSIONAL LICENSING
P.O. BOX 649

RECEIVED

MAR 18 1977

LA-WR-EM-A505QP

OLYMPIA WASHINGTON 98504
00-00-00

LAWRENCE, MARK ARTHUR

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

PLEASE TYPE OR PRINT CLEARLY

NAME LAWRENCE MARK ARTHUR MALE mo. 11 day 17 yr. 1950
last first middle sex birthdate

ADDRESS _____ BIRTHPLACE _____
street city state county
city
state zip

Application is made for licensure by

- A. National Board waiver ☒
B. L.M.C.C. ☐
C. Flex waiver ☐
D. Reciprocity from _____ state ☐
E. Examination ☐

ALL APPLICANTS FOR EXAMINATION MUST SUBMIT 3 PHOTOGRAPHS WITH THE APPLICATION.

Hei

Co.



INSTRUCTIONS

1. This application, together with supporting documents, must be filed with the Division of Professional Licensing, P.O. Box 649, Olympia, Washington 98504 at least thirty days prior to the board meeting at which it is to be reviewed or by April 1 for the June examination and October 1 for the December examination.
2. Please type or print clearly in ink.
3. Answer all questions. If answer is "no" or "none", so state.
4. If additional space is required, attach separate sheets, indicating section to which they refer.
5. All applicants must provide the following:
 - (1) Copy of diploma issued by a medical school approved by the Board of Medical Examiners.
 - (2) Certificate showing completion of one year of postgraduate medical training in a program acceptable by the Board.
6. Foreign medical graduates must submit proof of medical school curriculum meeting the requirements of the Washington Medical Practice Act, RCW 18.71.055.
7. Foreign medical graduates must provide their original standard E.C.F.M.G. certificate before licensure.
8. COPIES OF ALL DOCUMENTS MUST BE CERTIFIED AS TRUE.
9. ALL SUPPORTING DOCUMENTS MUST BE NO LARGER THAN 8½"x11".
10. See accompanying EXCERPTS for detailed information.

17

List in chronological order all professional education and experience including college and/or university, medical school, post-graduate training and practice. Include ALL periods of time including medical school to the present, whether or not engaged in activities related to medicine. INCLUDE THE MONTH/DAY/YEAR in CHRONOLOGICAL ORDER.

[illegible]

2. MEDICAL LICENSURE

List licenses applied for or held, currently or in the past.

| State or Other | Certificate | | Permanent or Temporary | License Received By | | Currently in Force |
|----------------|-------------|---------|------------------------|---------------------|------------------------|--------------------|
| | Year | No. | | Examination | Other | |
| OHIO | 1975-76 | 8921 | TEMPORARY | NO | HOSPITAL CERTIFICATION | NO |
| OHIO | 1976-77 | PENDING | TEMPORARY | NO | HOSPITAL CERTIFICATION | PENDING |
| | | | | | | |
| | | | | | | |

3. CERTIFICATION

Applicants for licensure by NATIONAL BOARD OF MEDICAL EXAMINERS
"Certification of Record".

Applicants for licensure by FLEX WAIVER must furnish examination results d
Avenue, Fort Worth, Texas 76102

Applicants for licensure by STATE RECIPROCITY or L.M.C.C. must provide the following information. To be executed by the Secretary of the Board or Department of the State upon verification of registration in Washington.

I certify that the aforesaid

of this state attained a general average of.....per cent or FLEX WEIGHTED AV
marks in the subjects named:

[illegible]

If FLEX examination please provide the following averages for each day.

| DAY I | DAY II | DAY III |
|---------------------|------------------------|--------------------------|
| BASIC SCIENCES..... | CLINICAL SCIENCES..... | CLINICAL COMPETENCE..... |

I do further certify that a certificate to practice.....

was issued to said applicant on the.....day of....., 19....., upon the following qualifications:

and said certificate has not been revoked or suspended and that, from the records now on file in this office, I believe h.....to be of good moral character and worthy of professional recognition, and recommend h.....to the Division of Professional Licensing of the State of Washington as a fit and proper person to receive recognition as an applicant for a reciprocity certificate permitting

h..... to practice.....

In testimony thereof, witness my hand and seal this..... day of....., 19.....

(SEAL)

SECRETARY OF THE.....

POST OFFICE ADDRESS

4. PERSONAL DATA

yes no

If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.

- | | | |
|---|--------------------------|-------------------------------------|
| 1. Do you hold a license in any of the other healing arts?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever had a license to practice medicine revoked or suspended?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever been convicted of a felony or misdemeanor other than traffic violations?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been addicted to or treated for addiction to narcotic drugs?..... | | |
| 6. Have you ever been convicted of a violation of the Harrison Narcotic Law, or any narcotic law?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you ever received psychiatric treatment or received treatment for a mental illness?..... | | |
| 8. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?..... | | |
| 9. Have you ever taken the Washington State Medical Examination?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



5. LETTERS OF RECOMMENDATION

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Mark Arthur Lawrence

applicant's name in full

for 1 1/2 years,

from July 1975 to March 1977, during which period he was engaged in the study or active practice of medicine. To the best of my knowledge, he is of good moral and professional character, is free from habits which might interfere with his professional activities and is worthy of holding a license to practice medicine in the State of Washington.

Signature Conrad B. Blankenship, MD

Address 1801 Shaker Blvd

Licensed under the laws of Ohio name of state

To practice Medicine

Subscribed and sworn to before me this 7th day of March, 1977.

Notary Public for the State of Ohio

Residing at 929 Lorain Dr, Easton, Ohio 44820

(NOTARY SEAL HERE)
My Commission Expires Dec. 20, 1979

To: DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known Mark Arthur Lawrence

applicant's name in full

for 1.5 years,

from July 1975 to March 1977, during which period he was engaged in the study or active practice of medicine. To the best of my knowledge, he is of good moral and professional character, is free from habits which might interfere with his professional activities and is worthy of holding a license to practice medicine in the State of Washington.

Signature David W. Eastwood, M.D.

Address 3630 Mt. Laurel Rd. Cleveland Ohio

Licensed under the laws of Ohio name of state

To practice Medicine

Subscribed and sworn to before me this 7th day of March, 1977.

Notary Public for the State of Ohio (Cuyahoga Co.)

Residing at 1350 2nd Avenue 44120

(NOTARY SEAL HERE)
My Commission Expires February 23, 1982

6. AFFIDAVIT

I, MARK ARTHUR LAWRENCE, being first duly sworn, depose and say that I am the person described and identified;

that I have not engaged in any of the acts prohibited by the statutes of the State of Washington, particularly those acts set forth in Chapter 18.71 RCW; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentations.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Washington.

Subscribed and sworn

to before me this 7th day of March, 1977.

Notary Public for Cuyahoga Co, Ohio

My commission expires:

Mark A. Lawrence
signature of applicant

ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE. FEES ARE NON-REFUNDABLE

| Schedule of Fees | Application | Examination | State Reciprocity or L.M.C.C. | National Board (Waiver) | Flex Waiver |
|------------------|-------------|-------------|-------------------------------|-------------------------|-------------|
| | \$25.00 | \$100.00 | \$50.00 | \$50.00 | \$50.00 |

ALL APPLICANTS MUST SUBMIT THE APPLICATION FEE IN ADDITION TO THE EXAMINATION/RECIPROCITY/ NATIONAL BOARD OR FLEX WAIVER FEE APPLICABLE TO COMPLETE THE REQUIREMENTS FOR LICENSURE.

MEDICAL BOARD WORKSHEET

NAME Lawrence, Mark A. DATE OF RECEIPT 3-18-77

1. LICENSURE BY

a) National Board Waiver ☒

b) Reciprocity from ☐

c) FLEX Waiver ☐

d) LMCC ☐

e) Examination ☐

2. FEE ☒

3. ADDITIONAL PHOTOGRAPH ☐

4. PROOF OF EDUCATIONAL EXPERIENCE

a) Medical School Diploma ☒

b) Postgraduate Medical Training ☒

c) Chronology ☒

d) Personal Qualifications ☒

5. FOREIGN GRADUATE

a) ECFMG ☐

b) Medical School Subjects ☐

6. LETTERS OF RECOMMENDATION ☒

7. AFFIDAVIT ☒

8. STATE CLEARANCE MId. 3-21-77 ☒ OH

9. AMA CLEARANCE MId. 3-21-77 ☒

ADMINISTRATIVE RECOMMENDATION

BOARD ACTION

| | LICENSE | EXAM |
|-------------|-------------------------------------|--------------------------|
| APPROVED | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DISAPPROVED | <input type="checkbox"/> | <input type="checkbox"/> |

DATE 5-6-77

PENDING

REVIEWED BY Eric R. Pankton MD

October 31, 1995

State of Washington
Department of Health
Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507

RECEIVED

NOV 01 1995

HPS

Re: MD00015773

Dear Sir or Madam,

I am writing to request that my medical license be amended to reflect recent changes in my legal name, and gender.

I have been diagnosed as _____, and am now living full-time as a woman.

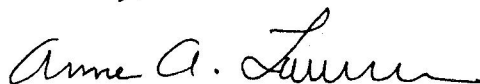
My legal name, formerly Mark Arthur Lawrence, is now Anne Alexandra Lawrence. Several entities, including the Department of Licensing, now recognize my gender as female.

When I called the Health Department last week, I was told to include any supporting documentation I desired with this letter. Therefore, please find enclosed: a photocopy of the court order for my name change (I can provide a certified copy if required); a photocopy of my Washington Driver's License, indicating my female gender; and a copy of my personal physician's recent letter to the Department of Licensing, attesting to the above.

Naturally, I will be happy to pay any fees required to effect these changes.

Please call me if you have any questions.

Sincerely,



Anne A. Lawrence, M.D.

1
2
3
4 IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
5 IN AND FOR THE COUNTY OF KING, SEATTLE DIVISION
6

7 In Re The Matter Of The Petition Of)
8)
9)
10)

MARK A. LAWRENCE,

Petitioner,

NO. 95-10808

ORDER CHANGING
NAME

11 The Petition of Mark Arthur Lawrence for an order changing
12 his present name to Anne Alexandra Lawrence came regularly to be
13 heard this date; the court having heard the evidence and it
14 appearing to the satisfaction of the court that the allegations of
15 the Petition for Change of Name are true; now, therefore, it is
16 hereby

17 ORDERED, ADJUDGED AND DECREED that the name of Mark Arthur
18 Lawrence be changed to Anne Alexandra Lawrence.

19 DONE IN OPEN COURT this 21st day of October, 1995.
20
21

22 
JUDGE/COURT COMMISSIONER

23 PRESENTED BY:

State of Washington)
County of King)

24 Mark A. Lawrence
25

The undersigned, duly authorized Clerk of the King
County District Court Seattle Division for King County,
does hereby certify that the document upon which this
stamp is imprinted is a true and correct copy of the
original document, and the whole of it, as such original
document is on file with the aforesaid Court.

26 I witness whereof, I have set my hand this
27 day of October, 1995

ORDER CHANGING NAME - 1

JANET L. COMIN

ATTORNEY AT LAW
2600 TWO UNION SQUARE


601 UNION STREET
SEATTLE, WASHINGTON 98101-4000
(206) 628-0506

WASHINGTON

DRIVER'S LICENSE

NUMBER 123456789 EXPIRES 12/31/2010 CTL


LAWRENCE, ANNE ALEXANDRA



| SEX | BIRTH DATE | HEIGHT | WEIGHT | EYES | ISSUE DATE |
|-----|------------|--------|--------|------|------------|
| F | 111750 | 5-11 | 160 | BLU | 102795 |

REST: C

Anne C. Lawrence



Jeffrey F. Olliffe, M.D.
1120 Cherry Street, Suite 320
Seattle, WA 98104
(206) 624-6104

October 27, 1995

Ken Mark
Assistant Director, Driver Services Division
Department of Licensing
210 - 11th Avenue Southeast, PB-01
Olympia, WA 98504

Dear Mr. Mark,

My patient, Anne A. Lawrence, formerly known as Mark A. Lawrence, has been diagnosed as

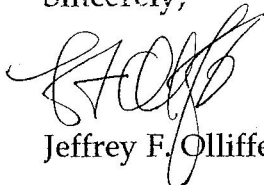
and is now living full-time as a woman.

She has recently undergone a legal name change to reflect her female status.

I believe that she should be recognized as appropriately female-gendered, and that her documentation should confirm this. Specifically, I support her request that the sex designation on her driver's license be recorded as female.

If you have any questions, or need to verify the above, my office number is (206) 624-6104.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey F. Olliffe', with a stylized flourish at the end.

Jeffrey F. Olliffe, M.D.

May 1977

Mark A. Lawrence, M.D.

Dear Dr. Lawrence:

We are pleased to advise that you have been issued Washington State Physician and Surgeon certification No. 15773 dated 5-9-77. Enclosed you will find your wallet size license which bears your certificate number and certificate date. Your medical certificate will be forwarded to you as soon as it is engraved. This necessitates some delay and you will not receive the certificate for several weeks.

Please review the enclosed insert. This office will send, as a courtesy, notification of your license renewal thirty (30) days prior to expiration date to the address on file. It is important that you keep our office advised, in writing, of any changes in your address so that you will receive your certificate and annual renewal notices.

Sincerely,

KENNETH C. DIEHL
ADMINISTRATOR

By (Mrs.) Joanne Redmond
Assistant Administrator
(206) 753-2205

JR:sm

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

DATE: 04-13-77

NAME: LAWRENCE, MARK ARTHUR, M.D.

MEDICAL EDUCATION NUMBER: 02604742971

ADDRESS:

BIRTHPLACE: MINNEAPOLIS, MN

BIRTHDATE: 11/17/50

MEDICAL EDUCATION (SCHOOL YEAR):

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, MINNEAPOLIS

1974

NATIONAL BOARD CERTIFICATION: 1975

LICENSES:

NOT REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

RESIDENT

PRIMARY SPECIALTY: ANESTHESIOLOGY

SECONDARY SPECIALTY: UNSPECIFIED

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES:

INT'L. ANESTHESIA RESEARCH SOC.

PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE

CURRENT MEDICAL TRAINING: RESIDENT

HOSPITAL: UNIVERSITY HOSPS

CLEVELAND

44106

DATES OF TRAINING: 07/75-06/77

SPECIALTY: ANESTHESIOLOGY

SPECIALTY: UNSPECIFIED

INTERNSHIP:

HOSPITAL: HENNEPIN CO GEN HOSP

MINNEAPOLIS

55415

DATES OF TRAINING: 06/74-06/75

SPECIALTY: UNSPECIFIED

SPECIALTY: UNSPECIFIED

RESIDENCY:

NOT REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

PROFESSIONAL LICENSING DIVISION

Business & Professions Administration

P.O. Box 649

Olympia, Washington 98504

March 21, 1977



RECEIVED

APR 8 1977

DIVISION OF
PROFESSIONAL LICENSING

State of Ohio-The State Medical Board
Mr. William J. Lee, Esquire, Administrator
180 East Broad Street, Suite 1006
Columbus, OH 43215

Dear Sir:

The following medical doctor has made application for license to practice Medicine and Surgery in the State of Washington:

MARK ARTHUR LAWRENCE

DOB: 11-17-50

The doctor advises that he is licensed to practice his profession in your state. To assist us in evaluating his application, we would appreciate receiving the following information.

| | | |
|-------------------|------------|-----------|
| Licensed | Yes () | No () |
| License Permanent | () | () |
| License current | () | () |
| License invalid | () | () |

Reason: I could not find a registered physician with the
above name. Perhaps if you could supply me with a
Derogatory information, if any: license number I could find him

Shirley Powless
Signature
License Clerk
Title
Board of Ohio
State Board

Sincerely,

KENNETH C. DIEHL
ADMINISTRATOR

March 21, 1977

Mark A. Lawrence, M.D.

Dear Dr. Lawrence:

Thank you for your medical application received in this office _____

March 18, 1977

The next meeting of the Board will be held on _____
at which time your application will be reviewed, if complete. You will be advised of board decision
approximately 2 weeks after the board meeting.

Application appears complete (☒)

FLEX Certification
LMCC Certification
State Board Certification
National Board "Certification
of Record"

Lacks the following (☐)

Postgraduate Training
Medical School Diploma
Medical School Subjects (MED-5)
Original E.C.F.M.G. Certificate
Other _____

Copies of all documents must be certified as true.

Applications not complete prior to board meeting date indicated above, will be placed in our inactive file.

Remarks: ~~Thank you for your application which appears complete~~
~~for Board review.~~

Sincerely,

By _____

Healing Arts Section

MED-657-14 App. Rec'd Ltr.
(R/9/75)

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

MARK ARTHUR LAWRENCE, M.D.
having satisfied all the requirements and having successfully passed the examinations is
hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: John S. Millis
Chairman of the Board

Philadelphia, Pa.
07/01/75

SEAL

Robert A. Chase
President of the Board

160329

RECEIVED

MAR 14 1977

DIVISION OF
PROFESSIONAL LICENSING

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of UNIV MINNESOTA MED SCH in JUNE 1974, whose birth date is 11/17/1950, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

| | Standard* Score | Scale Score |
|--|--------------------|-----------------------|
| PART I passed <u>06/73</u> | | |
| Anatomy, incl. histology and embryology | 480 | 79 |
| Physiology | 585 | 86 |
| Biochemistry | 475 | 79 |
| Pathology | 480 | 79 |
| Microbiology, incl. immunology | 515 | 81 |
| Pharmacology and Materia Medica | 460 | 78 |
| Behavioral Sciences | 705 | 94 |
| (Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE** | 525 | 82 |
| Part II passed <u>04/74</u> | | |
| Internal medicine and the medical specialties | 405 | 77 |
| Surgery and the surgical specialties | 460 | 80 |
| Obstetrics and Gynecology | 465 | 80 |
| Public Health and Preventive Medicine | 710 | 92 |
| Pediatrics | 485 | 81 |
| Psychiatry | 580 | 86 |
| (Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE** | 510 | 82 |
| PART III passed <u>03/75</u> | | |
| A General Test of Clinical Competence | | |
| (Minimum Passing Grade 290/75) AVERAGE | 565 | 84.5 |
| GENERAL AVERAGE (Parts I, II, and III) | | 82.8 (Scale Score) |

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Heverling
Secretary for Certification

03/09/77

Date

SEAL

THE REGENTS OF
THE UNIVERSITY OF MINNESOTA

ON RECOMMENDATION OF THE FACULTY
HAVE CONFERRED UPON

Mark Arthur Lawrence

THE DEGREE OF

Doctor of Medicine

WITH ALL ITS PRIVILEGES AND OBLIGATIONS

GIVEN IN MINNEAPOLIS IN THE STATE OF MINNESOTA
THE FIFTEENTH DAY OF JUNE NINETEEN HUNDRED SEVENTY-FOUR



Helcoln Hoos

PRESIDENT

Kenneth A. Wilson

SECRETARY

*State of Ohio
County of Cuyahoga
March 7, 1977*

*Certified true copy of original document.
Mary J. Ryan*

HENNEPIN COUNTY MEDICAL CENTER

MINNEAPOLIS, MINNESOTA

BE IT KNOWN THAT

Mark Arthur Lawrence, M.D.

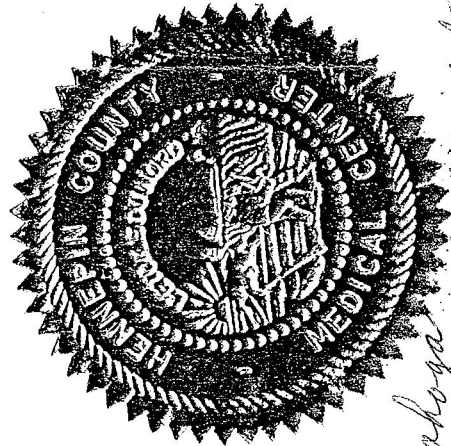
having served in the capacity of

ROTATING INTERN

from June 24, 1974 to June 24, 1975

and having performed the duties in the various departments
faithfully and satisfactorily, is granted this

CERTIFICATE



Richard B. Greene
MEDICAL DIRECTOR

William J. Hays
ADMINISTRATOR

State of Ohio
County of Cuyahoga
March 7, 1977
Certified true copy of original document
Mary J. Ryan