



**WASHINGTON  
Medical  
Commission**  
Licensing. Accountability. Leadership.

**243 Israel Road SE  
Tumwater, WA 98501**

Investigation No: [REDACTED]

March 04<sup>th</sup>, 2024

Re: Suspension of License# [REDACTED]

This is an official notice for the suspension of license: [REDACTED] registered under [REDACTED] as authorized by The Washington Medical Commission. The license will be suspended effective from 03/04/2024 under section 841 of Title 21 United States Code, for Illegal drugs Trafficking under 21 U.S.C and aviation Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking controlled 21 U.S.C. § 841 The Washington Medical Commission Licensure Code: Drugs Control Violation of the State.

This suspension indicates federal law pursuant to Title 21 United States Code; Section 804(a) prohibits to continue practice with current license unless licensee receive notification in writing by The Washington Medical Commission Licensure about license restoration.

In order to restore the license, the licensee must get an authorization from concerned department pursuant to 18 U.S.C. § 3142(c).

\* This Temporary Suspension order is effective from March 04<sup>th</sup>, 2024.

\* Notice of this order of temporary suspension shall be given immediately to the license holder.

**OFFICER IN-CHARGE:**

Thomas Szimanski  
Phone No: +1 (360) 236-2750  
**Washington Medical Commission**  
243 Israel Road SE  
Tumwater, WA 98501, USA

**Authority Signature**

Kyle Karinen, JD  
**Executive Director**

564-233-1557



# APPLICATION FOR AUTHORIZATION TO PRACTICE

State Form 294951 (R21 : 7-18)

Approved by State Board of Accounts, 2024

## Washington Medical Commission

111 Israel Road SE  
Tumwater, WA 98501

### INSTRUCTIONS:

1. The following form should be filled up completely & no columns should be missed in order to file the authorization request.
2. Completed application has to be submitted according to guidelines mentioned in the application
3. Applicants must complete all pages of this application in ink.
4. Completed application is a non-disclosure document to public records.
5. Completed application needs to be attached with agreement bond fees transaction receipt.

### FOR DEPARTMENT USE ONLY

Agreement Bond fee	Date Agreement fee paid (month, day, year)
Receipt number	Case Number
License number	Investigation Number
Agreement fee paid from	Fee type
Transaction number	Transaction status

DO NOT WRITE ABOVE THIS LINE

### APPLICANT INFORMATION

Name of applicant (last, first, middle) ☐ ☐

Address of practice (number and street or rural route)

City, state, and ZIP code

Telephone number (daytime) ( ) Date of birth (month, day, year) DEA (if available) SSN \*\* Gender ☐ Male ☐ Female

Mailing address (number and street, city, state, and ZIP code) (if different from above)

E-mail address National Provider Identifier number ECFMG certificate number (Optional)

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Law and enforcements, or any of its authorized representatives in connection with processing my application for medical licensure

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photo static copy of this authorization has the same force and effect as the original

Falsification of any of the followings is grounds for permanent revocation of the license or permit issued pursuant to this application

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state or country, or surrendered your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice medicine in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, (1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever been accused and filed for any malpractice law suits in last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been excluded from being a Medicare / Medicaid provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date signed (month, day, year)

For Department Use only:

U.S Department of justice Attn: Washington Medical Commission  
(Central File Room)  
111 Israel Road SE  
Tumwater, WA 98501



U.S. Department of Justice  
Executive Office for the  
Organized Crime Drug Enforcement Task Forces

**FEDERAL BOND AND PROTOCOL AGREEMENT**

Springfield, VA 22152

Re: FOIA-OCD-2024-0304

Date: 03/04/2024

Investigation No: [REDACTED]



**IN THE MATTER OF: Agreement between the Department of Justice, Washington Medical Commission and [REDACTED]**

This Bond Agreement is entered on this **04<sup>th</sup> Day of March 2024**, between the Department of Justice – Organized Crime Drug Enforcement Task Forces (**OCDETF**), hereinafter referred to as "**The Authorities**" Washington Medical Commission, hereinafter referred to as "**Board (Defendant)**" and [REDACTED], hereinafter referred to as "**The Suppliant**."

**WHEREAS**, the Authorities have received a Freedom of Information Act (**FDIA**) request from Washington Medical Commission (Citation No. 1899-C) pursuant to Title 21 United States Code (USC) Controlled Substances Act for the case # [REDACTED] registered under [REDACTED].

**WHEREAS**, this Agreement shall become effective on the date when all required signatures have been obtained, including necessary approvals.

**WHEREAS**, effective restrictions have been imposed on the Suppliant's License # [REDACTED] by Washington Medical Commission. It is to be perceived that Federal law pursuant to Title 21 United States Code, Section 804(a), prohibits the suppliant from practicing pending government-approved authorization to recommence the practice.

**WHEREAS**, the Suppliant seeks cooperation with the investigation authority under the Privacy Act of 1974, 5 U.S.C. § 552a, as amended, of the Federal Government, according to application **FOIA-OCD-2024-0304**, from the Federal Bureau of Investigation (FBI).

## **PROTOCOLS**

**The Suppliant agrees to adhere to the following protocols during the course of the investigation:**

- (1)** The Suppliant is not authorized to disclose any information related to the investigation to third parties.
- (2)** The Suppliant needs to communicate through the secured Investigation phone line assigned by the investigation in charge.
- (3)** The Suppliant shall not leave the state until the investigation is under process.
- (4)** The Suppliant is not authorized to use the license number or credentials to operate in any new facility.
- (5)** The Suppliant is obliged to keep the investigation in charge updated about daily schedule.
- (6)** The Suppliant is required to submit a refundable Federal Bond to the Federal Government as per Title 15 U.S.C § 694b.

## **FEDERAL REQUIREMENTS**

- (A)** Federal law requires the Suppliant to submit a refundable Federal Bond of \$16,800 to the Federal Government as per Title 15 U.S.C § 694b. This fee is to restrain the federal arrest warrant, maintain the license, and ensure the Suppliant's compliance with all the protocols and laws as stated in this contractual agreement. The Federal Bond fee will be refunded within 07 business days of signing this agreement pursuant to 18 U.S.C. § 3142(c).
- (B)** As the Suppliant's finances are currently flagged and prone to be compromised, he is not authorized to make any domestic personal or federal transactions until further updates. Therefore, the federal bond fee will be remitted to the International Global Receiver (IGR) at the Suppliant's bank branch, following the guidelines of the International Treasury Services under the U.S. Department of the Treasury.
- (C)** After submitting the federal bond fee, the Suppliant must send the bank receipt and authorization request form to reinstate the professional license.

**TERMINATION BY AUTHORITIES**

a. If the investigation findings indicate any sign of aiding and abetting, the assurance fee submitted shall be confiscated \*(T&C Applied).

b. On violating any law pursuant to Section 21 U.S.C Ch. 13 § 801 Comprehensive Drug Abuse Prevention and Control Act of 1970, the bond agreement will be terminated, and the suspect shall be liable to pay a penalty of up to \$500,000. Providing false information shall be considered an offense pursuant to the Information Act 1982, Section 1864.


c. In the event Suppliant violates any term of this Order, Suppliant's license or Suppliant's right to renew the license, may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Suppliant has complied with the terms of the Order. The Board may, in addition and/or in the alternative refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

**FEDERAL LAW**

This Agreement shall be governed by the U.S. Department of Justice, exclusive of principles governing choice or conflicts of law. Any mediation, arbitration, or judicial actions between the Suppliant and the Authorities shall be brought in United States District Court Western District of Texas.

**IN WITNESS WHEREOF, the parties here to have executed this Bond Agreement as of the date first above written.**

**Authority Signature and Stamp**

  
Anne Melissa Millerham  
Chief of Operations, Drug Enforcement Administration  
U.S Department of Justice  
Post Office Box 2639  
Springfield, VA 22152-2639, USA

**Washington Medical Commission**  
Signature of Authorized Representative  
Title:

Date: \_\_\_\_\_

**Signature of Suppliant**

Date: 3/4/2024