

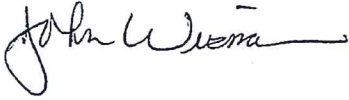
**Washington State Department of Health**

By the authority of RCW 18.71 this person

**Sandra D Bohling**

is granted a

**Physician And Surgeon License**



Secretary

Status

**ACTIVE**

Effective Date

**10/31/2018**

Initial Issuance

**06/08/2007**

Credential Number

**MD 00048370**

Expiration Date

**01/30/2021**

**Personal Copy of Your Credential**

**Washington State Department of Health**

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**Sandra D Bohling**

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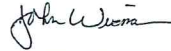
**ACTIVE**

Credential Number

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Expiration Date

**01/30/2021**



Secretary