

**8. EMPLOYMENT HISTORY**

List in chronological order all employment including practice employment for the last four years.

Name of Employer	Employer Address	Position Title	Employment Dates: From-To (MM/DD/YYYY)
University of Wisconsin School of Medicine and Public Health	Department of Pediatrics, 600 Highland Avenue, Madison, WI	Professor of Pediatrics	07/01/2006 to 10/27/2019
Providence Medical Group Alaska	3200 Providence Drive, Ste B02, Anchorage, AK	Medical Director, Child Abuse Pediatrics	10/28/2019 to 04/01/2022
			to
			to

**9. ACADEMIC FACULTY APPOINTMENTS / STAFF PRIVILEGES**

- A. Do you currently hold a faculty appointment at an accredited medical school?  Yes  No
- B. Have you had the responsibility for graduate medical education within the last ten years?  Yes  No

If you responded "Yes," complete the following:

Name of Institution	City/State	Title of Appointment
University of Wisconsin School of Medicine and Public Health	Madison, WI	Professor of Pediatrics
University of Washington School of Medicine	Seattle, WA	Clinical Professor of Pediatrics

- C. Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility?  Yes  No

If you responded "Yes," complete the following:

Name of Facility	City/State	Type of Privileges	From-To (MM/DD/YYYY)
Providence Alaska Medical Center	Anchorage, AK	Active Medical Staff-Full Privileges	11/26/2019 to 04/01/2022
Providence Kodiak Medical Center	Kodiak, AK	Courtesy Privileges	09/06/2021 to 04/01/2022

- D. Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility?  Yes  No

If you responded "Yes," complete the following:

Name of Facility	Address	From-To (MM/DD/YYYY)	Under Appeal?
		to	<input type="checkbox"/> Y <input type="checkbox"/> N
		to	<input type="checkbox"/> Y <input type="checkbox"/> N

If you responded "Yes" to D, you must provide the following:

- A written self-explanation on a separate sheet describing in detail the circumstances
- Supporting documents from the applicable entity

**10. OTHER ITEMS REQUIRED**

- National Practitioner Data Bank (NPDB) Self-Query- All applicants** are required to complete a self-query to the NPDB and upon receipt of the report, provide the board office with a copy. The NPDB charges a fee to provide the self-query. You may contact NPDB at [www.npdb.hrsa.gov/](http://www.npdb.hrsa.gov/) or by telephone at (800) 767-6732.

All supporting documentation not submitted with the application must be sent to the board office at [BOM\\_InitialApps@flhealth.gov](mailto:BOM_InitialApps@flhealth.gov) or mailed to:

Board of Medicine  
4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3253

**17. APPLICANT SIGNATURE**

I have carefully read the questions in the application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me are true and correct. I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, F.S.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 45 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature Barbara L. Knox MD Date 02/15/2022  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY



Grossman, Furlow  
& Bayó, LLC  
ATTORNEYS AT LAW

ALLEN R. GROSSMAN  
FILE NO.: 84260

a.grossman@gfblawfirm.com

February 22, 2022

**VIA HAND DELIVERY**

Wendy Alls  
Program Operations Administrator  
Florida Board of Medicine  
4052 Bald Cypress Way, Bin #C-03  
Tallahassee, Florida 32399

RECEIVED

FEB 22 2022

Licensure Support Services

**Re: Application for License by Endorsement of Barbara Lou Knox, M.D.**

Dear Wendy:

Enclosed is the application of Barbara Lou Knox, M.D. for licensure by endorsement. Dr. Knox currently resides and practices medicine as a Credentialed Child Abuse Pediatrician in Alaska. Dr. Knox graduated from college in Wisconsin and then received her medical degree in 2002 from the University of Wisconsin Medical School. Dr. Knox successfully completed three (3) years of accredited post-graduate training in Pediatric and Adolescent Medicine at Mayo Clinic in Rochester, Minnesota<sup>1</sup> and an additional year of Fellowship training in Child Abuse and Neglect at Cincinnati Children's Medical Center. Dr. Knox was initially licensed to practice medicine in 2003 in Minnesota and subsequently received licenses in Ohio (2005), Wisconsin (2005), Alaska (2019) and Washington (2022).<sup>2</sup> She is currently specialty certified by the American Board of Pediatrics in General Pediatrics and in Child Abuse Pediatrics. In 2003, Dr. Knox completed the USMLE, and she fully meets all of the statutory and rule requirements for licensure by endorsement in Florida. Dr. Knox has no medical malpractice judgements or settlements and has never been the subject of disciplinary or criminal action in any jurisdiction.

Dr. Knox has enclosed, with her completed application, payment of the application and licensure fees for licensure by endorsement (BMO Harris Bank check No. 7526 in the amount of \$955.00). She has also provided a copy of her NPDB self-inquiry report. Her fingerprints have been submitted and she has requested that FCVS provide your office with a credentials package. Primary source verifications of Dr. Knox's various state licenses have also been requested. All of these verifications should be delivered directly to the Florida Board of Medicine office. Please let us know if any additional documentation is required.

<sup>1</sup> During her residency at Mayo Clinic, Dr. Knox participated in clinical rotations in Jacksonville, Florida, Arizona and Minnesota. She briefly held training licenses in Florida (TRN7481) and in Arizona and Minnesota as well.

<sup>2</sup> Dr. Knox's medical licenses in Minnesota, Ohio and Wisconsin are currently inactive from non-renewal.

Wendy Alls  
February 22, 2022  
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Dr. Knox has been practicing medicine as a Pediatrician and on the medical school faculties of the University of Wisconsin and/or the University of Washington for the last eighteen (18) years. Dr. Knox has accepted a position as a Clinical Professor of Pediatrics in the Division of Child Protection and Forensic Pediatrics at the University of Florida in Jacksonville, Florida and looks forward to assuming those duties upon being licensed in Florida.

As always, thank you to you and your staff for taking the time and effort to review and process this application. It would be greatly appreciated if all communications with Dr. Knox regarding the completion and consideration of this application also be provided to undersigned legal counsel.

Sincerely,

A handwritten signature in cursive script that reads "Allen R. Grossman". The signature is written in black ink and is positioned above the printed name.

Allen R. Grossman

enclosures

cc: Barbara Lou Knox, M.D.