

*CERTIFICATION*

I, **Crystal Dooley**, Licensing Examiner, Division Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development, State of Alaska, certify that I am the keeper of the records of the **STATE MEDICAL BOARD** and that these records indicate that the following individual is/was licensed as shown:

Name: **DONALD CLYDE WILLIS**  
License Type: **WHO HOLDS A LOCUM TENENS PERMIT**  
License Number: **2091**  
Date Originally Issued: **01/22/2002**  
Expiration Date: **03/23/2002**  
Date of Birth: **06/26/1943**

Comments: There is no derogatory information on file regarding this license.

Dated this **Second day of January, 2015**

SEAL

---

**Crystal Dooley**  
**Licensing Examiner**

*CERTIFICATION*

I, **Crystal Dooley**, Licensing Examiner, Division Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development, State of Alaska, certify that I am the keeper of the records of the **STATE MEDICAL BOARD** and that these records indicate that the following individual is/was licensed as shown:

Name: **DONALD CLYDE WILLIS**

License Type: **PHYSICIAN**

License Number: **4825**

Date Originally Issued: **04/09/2002**

Expiration Date:

Date of Birth: **06/26/1943**

Comments: There is additional information available regarding this licensee. A copy of the action is attached.

**Voluntary Surrender of Medical License was presented to the Medical Board on August 7, 2003.**

Dated this **Second day of January, 2015**

SEAL

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**Crystal Dooley**  
**Licensing Examiner**

from the desk of .....

Miriam Patredis

11/19/14

There is a \$20 fee for each written verification of licensure.

Please return your request along with a check or money order payable to:

**DAWN HANNASCH**  
**ALASKA STATE MEDICAL BOARD**

Attn: Licensing Examiner

P. O. Box 110806

Juneau, AK 99811-0806

Dr. Willis:

Please note the fee  
for verification of licensure  
is \$20.00

Please remit \$10.00  
to the above address to  
process the verification.

0984697

JUNEAU

DEC 01 2014

Med

Division of Corporations, Business and Professional Licensing

Applicant: Each state where licensure IS OR WAS held excluding training licenses and permits must be verified. If licensed in more than one state, photocopies of this blank form may be made and used. You may want to contact the state(s) where you were licensed since some states charge a fee for license verifications and some do not. The direct-source verification of your license does not have to be completed on this form. It is a courtesy form which provides the Board's address.

RECEIVED FORM 3

NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF STATE LICENSURE

NOV 18 2014

Anchorage

Division of Corporations, Business and Professional Licensing

PART 1 - TO BE COMPLETED BY APPLICANT

Printed Name of Applicant: DONALD C. WILLIS

Address: 12197 So. Stoneridge Circle PARADISE, CA 95969

Date of Birth: 06/26/1943

Alaska License # 4825

I am in the process of applying for medical licensure in the state of Nevada. I hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners at the address below.

Signature of Applicant: Donald C. Willis

3668450

PART 2 - TO BE COMPLETED BY LICENSING AGENCY

I certify that \_\_\_\_\_ who (Name of Applicant)

graduated from \_\_\_\_\_ (Name and Location of Medical School)

on \_\_\_\_\_ was granted license number \_\_\_\_\_ by the state of \_\_\_\_\_ (Date of Graduation)

on \_\_\_\_\_ on the basis of \_\_\_\_\_ (Examination: NB / FLEX / USMLE / LMCC / State Licensing Examination) (Date of Issuance)

- I certify that the above license is: Current, in good standing; Not current, due to non-payment of fees; Subject to pending disciplinary charges; Subject to restriction of licensure or practice; Other (please attach explanation)

I certify that the records in this office indicate that there are not now nor have there ever been any charges filed against the holder of this license.

NOTE: If any portion of this form is deleted or modified, please attach an explanation.

Signature of Certifying Individual

Title of Certifying Individual

Licensing Agency Name

Date of Signature

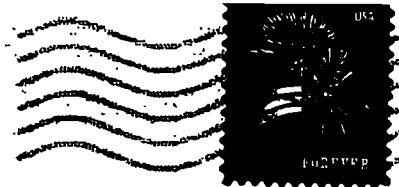
Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners PO Box 7238 OR 1105 Terminal Way, Ste 301 Reno, NV 89510 Reno, NV 89502

Donald Willis  
12197 S. Stoneridge Circle  
Paradise, CA 95969

SACRAMENTO CA 957

25 NOV 2014 FNS L



DAWN HANNASCH  
Alaska Medical Board  
Att. Licensing Examiner  
P.O. Box 110806  
JUNEAU, AK

005

99811-0806 1/3/17

99811080606



**Sherwood, Linda M (CED)**

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**From:** Sherwood, Linda M (CED)  
**Sent:** Tuesday, August 03, 2010 9:25 AM  
**To:** 'Patricia.Sanchez-Bartunek@mbc.ca.gov'  
**Subject:** Donald Willis, MD disciplinary documents.  
**Attachments:** DOC001.PDF

Please see the attached.

Linda Sherwood, Licensing Examiner  
Alaska State Medical Board  
333 Willoughby Ave 9th FL SOB  
Juneau AK 99801  
Telephone (907) 465-2541  
Fax (907) 465-2974  
[www.commerce.state.ak.us/occ/pmed.htm](http://www.commerce.state.ak.us/occ/pmed.htm) = Medical Board Website

-----Original Message-----

**From:** ced.xerox@soa.alaska.gov [mailto:ced.xerox@soa.alaska.gov]  
**Sent:** Tuesday, August 03, 2010 1:27 AM  
**To:** Kautz, Colleen K (CED); Sherwood, Linda M (CED)  
**Subject:** Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: CBPL, Across from Jenny Strickler, Ninth Floor S.O.B.  
Device Name: CED-PR-CBP-JNU-WC5676-1

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

**Weske, Judy A (CED)**

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**From:** Occupational, License (CED sponsored)  
**Sent:** Friday, March 27, 2009 9:42 AM  
**To:** 'Melissa Zink'  
**Subject:** RE: SECOND URGENT REQUEST RE: DONALD CLYDE WILLIS - LICENSE #4825 - DISCIPLINARY ACTION  
**Attachments:** DonaldWillis.pdf

Attached is a copy of the surrender document and the board minutes where the matter was discussed.

Judy Weske, Licensing Supervisor

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**From:** Melissa Zink [mailto:MZink@communitymedical.org]  
**Sent:** Thursday, March 26, 2009 11:33 AM  
**To:** Occupational, License (CED sponsored)  
**Subject:** RE: SECOND URGENT REQUEST RE: DONALD CLYDE WILLIS - LICENSE #4825 - DISCIPLINARY ACTION

To whom it may concern,

I did not receive a response regarding the disciplinary actions for Dr. Donald Clyde Willis last week as was indicated below. Can you please provide an update or a response at your earliest convenience?

Thank you for your assistance,

**Melissa Zink, Medical Staff Assistant**

Medical Staff Services  
 Community Regional Medical Center  
 P.O. Box 1232, Fresno, CA 93721  
 Phone (559) 459-3997 ext. 53997  
 Fax (559) 459-2488  
 mzink@communitymedical.org

---

**From:** Occupational, License (CED sponsored) [mailto:license@alaska.gov]  
**Sent:** Friday, March 13, 2009 3:01 PM  
**To:** Melissa Zink  
**Subject:** RE: SECOND URGENT REQUEST RE: DONALD CLYDE WILLIS - LICENSE #4825 - DISCIPLINARY ACTION

I'm sorry but we are very short staffed right now and we will respond as soon as we can (sometime during the week of 3/16-20/09).

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**From:** Melissa Zink [mailto:MZink@communitymedical.org]  
**Sent:** Friday, March 13, 2009 1:35 PM  
**To:** Occupational, License (CED sponsored)  
**Subject:** SECOND URGENT REQUEST RE: DONALD CLYDE WILLIS - LICENSE #4825 - DISCIPLINARY ACTION  
**Importance:** High

To whom it may concern,

This is a Second Urgent request regarding the disciplinary action against the Alaska State Medical License for Dr. Donald Clyde Willis. Please see the email below and respond at your earliest convenience.

Thank you

**Melissa Zink, Medical Staff Assistant**

Medical Staff Services  
Community Regional Medical Center  
P.O. Box 1232, Fresno, CA 93721  
Phone (559) 459-3997 ext. 53997  
Fax (559) 459-2488  
mzink@communitymedical.org

---

**From:** Melissa Zink  
**Sent:** Friday, February 20, 2009 6:23 PM  
**To:** 'license@alaska.gov'  
**Subject:** URGENT REQUEST RE: DONALD CLYDE WILLIS - LICENSE #4825 - DISCIPLINARY ACTION  
**Importance:** High

February 20, 2009

Alaska State Medical Board  
Alaska Division of Occupational Licensing  
Attn: Disciplinary Division

**RE: Donald Clyde Willis, MD (543464993)**  
**LIC #: 4825**  
**DOB: 06/26/1943**

To whom it may concern:

I am respectfully requesting all current public information regarding this license that **"has been the subject of a formal agreement, order or disciplinary action"** in regards to the physician listed above. Please provide all current necessary documents at your earliest convenience.

Please send an invoice as necessary if payment is required. Please see the attached release of information.

I appreciate and thank you for your assistance and prompt response. If you have questions, please do not hesitate to contact me at (559) 459-6561 or 3948. Fax (559) 459-2488.

Sincerely,

**Melissa Zink, Medical Staff Assistant**

Medical Staff Services  
Community Regional Medical Center  
P.O. Box 1232, Fresno, CA 93721  
Phone (559) 459-3997 ext. 53997



Fax (559) 459-2488  
mzink@communitymedical.org

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**WARNING/CONFIDENTIAL:**

This email, including attachments, may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law (including, but not limited to, protected health information). It is not intended for transmission to, or receipt by, any unauthorized persons. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you believe this email was sent to you in error, do not read it. Reply to the sender informing them of the error and then destroy all copies and attachments of the message from your system. Thank you.

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Credentiaing

|                   |               |         |                |
|-------------------|---------------|---------|----------------|
| Post-it® Fax Note | 7671          | Date    | # of pages ▶   |
| To                | ETIA SANTIAGO | From    | ALASKA - STATE |
| Co./Dept.         |               | Co.     | MEDICAL BOARD  |
| Phone #           |               | Phone # |                |
| Fax #             | 800 848 7347  | Fax #   | 907 465 2974   |

RECEIVED  
JUNEAU MED

JAN 14 2008

Division of Corporations, Business  
and Professional Licensing

January 14, 2008

Alaska State Medical Board  
Attention: Linda Sherwood  
Fax: 907-465-2974

RE: Donald C Willis, MD

License #: 4825

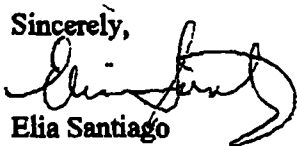
In order to continue with the credentialing process for the above listed provider(s), the following information is required.

Please provide Board Order documents or disciplinary actions regarding surrendered license.

Enclosed is the Release Information. This information can be fax to 800-848-7347 or e-mail [Elia.Santiago@wellpoint.com](mailto:Elia.Santiago@wellpoint.com).

If you have any question, please do not hesitate to call me at 1-800-516-7587 Ext. 6136. Thank you for a prompt response to this matter.

Sincerely,



Elia Santiago  
Credentialing Associate

SENT BY FAX  
1.15.08-  
ON SUPPLY  
FAX JS

P. O. Box 160, Andover, MA 01810-0003 Toll Free: 800.385.2680 Fax: 800.848.7347

Blue Cross of California is an Independent Licensee of the Blue Cross Association (BCA)  
The Blue Cross name and symbol are registered service marks of the BCA.

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JUNEAU

JAN 14 2008

Division of Corporations, Business  
and Professional Licensing

**INFORMATION RELEASE/ACKNOWLEDGMENTS**

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Healthcare Organization" and other Healthcare Organizations (e.g., hospital medical staff, medical groups, independent practice associations (IPAs), health maintenance organizations (HMOs), preferred provider organizations (PPOs), other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage and claim history), licensing authorities, and businesses and individuals acting as their agents collectively "Healthcare Organizations,") for the purpose of evaluating this application and any recertification application regarding my professional training, experience, character, conduct and judgment, ethics and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including this Healthcare Organization, engaged in quality assessment, peer review and credentialing on behalf of this Healthcare Organization, and all persons and entities providing credentialing information to such representatives of this Healthcare Organization, from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in this Healthcare Organization, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation in this Healthcare Organization as may be required by state and federal law and regulation, including but not limited to, California Business and Professional Code Section 809, if applicable.

I the undersigned and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided

In addition to any notice required by any contract with a Healthcare Organization, I agree to notify this Healthcare Organization immediately in writing of the occurrence of any of the following: (i) the unsanctioned suspension, revocation or nonrenewal of my license to practice medicine in California; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify this Healthcare Organization in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by the Medical Board of California taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by registration of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suits or arbitration action; or (vi) my conviction of any criminal law (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original, however, original signatures and current dates are required on pages 7 and 8.

Print Name Here: DONALD C. WILLIS

Signature Donald C. Willis Date 10-2-07  
(Stamped Signature Is Not Acceptable)

<sup>3</sup> The intent of this request is to apply at a minimum, protection comparable to those available in California to any action, regardless of where such action is brought.

Physician Name: DR. DONALD C. WILLIS, MD

September 16, 2003

Medical Board of California  
1426 Howe Avenue, Suite 54  
Sacramento, CA 95825-3236  
Attn: Marilyn Ansak

Dear Ms. Ansak:

Enclosed is the certified copy of the Agreement to Surrender of Physician License and Order for Donald Clyde Willis, M.D., license number 4825. Also included is a copy of the draft minutes of the August 7 and 8, 2003 State Medical Board meeting. His date of birth is June 26, 1943, and his last known address is 2701 Turner Street, Apt. 1B, Fairbanks, AK 99701.

If you have any questions, please contact this office at the above address or call (907) 465-2541 during office hours of 8:00 a.m. to 4:30 p.m.

Sincerely,

Linda Sherwood  
Licensing Examiner  
Alaska State Medical Board

## CERTIFICATION

I, Linda Sherwood, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the Agreement to Surrender of Physician License and Order for Donald Clyde Willis, M.D., holding Alaska license number 4825, with an initial license date of April 9, 2002, and an expiration date of December 31, 2004. Also included is a copy of the draft minutes of the August 7 and 8, 2003 State Medical Board meeting.

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Linda Sherwood, Licensing Examiner Date

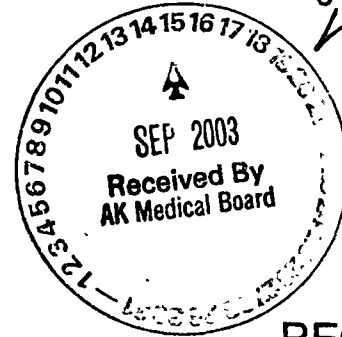
# 4825



MEDICAL BOARD OF CALIFORNIA

1426 Howe Avenue, Suite 54  
Sacramento, CA 95825-3236  
(916) 263-2349  
[www.medbd.ca.gov](http://www.medbd.ca.gov)

2-02/15/03  
VS



September 11, 2003

Alaska State Medical Board  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99503

RECEIVED

SEP 16 2003

RE: REQUEST FOR CERTIFIED DOCUMENTS - DISCIPLINARY ACTION

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Dear Sirs:

The Medical Board of California is in receipt of information that your Board has taken disciplinary action against the following physician:

**Donald Clyde Willis**  
**DOB: 06/26/43**

This physician is licensed in the State of California and it is necessary for us to review any disciplinary action taken against him. Please provide **CERTIFIED** copies of the documents filed against this individual, including the Statement of Charges and Final Decision. Please verify the physician's date of birth and last known address for the purpose of positive identification. If there are criminal actions against this individual, please provide the relevant documents or advise how and where they may be obtained.

Thank you for your cooperation in this matter.

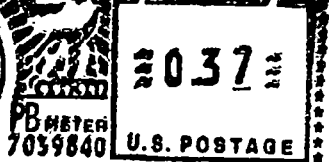
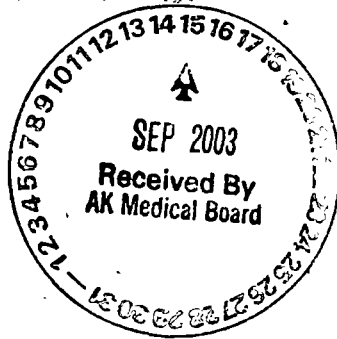
Sincerely,

**Marilyn Ansak**  
Associate Analyst  
Enforcement Program

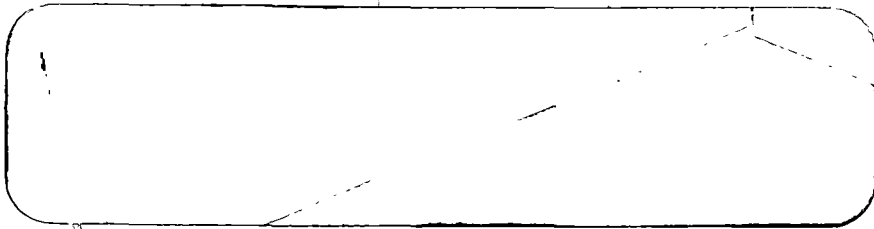
File No.: 16-2003-150531



MEDICAL BOARD OF CALIFORNIA  
1426 HOWE AVENUE, SUITE 54  
SACRAMENTO, CA 95825-3236



6303



RECEIVED

SEP 15 2003

DIVISION OF  
OCCUPATIONAL LICENSING  
ANCHORAGE

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1/13/17

99301+3567



FDE 310 -XX

ADD WARRANT REQUEST

B \_\_\_\_\_ S \_\_\_\_\_

WARRANT CLASS GN SCHED PRINT DATE \_\_\_\_\_  
WARRANT NUMBER \_\_\_\_\_ PRINT DATE \_\_\_\_\_  
DOCUMENT NUMBER \_\_\_\_\_ TRANS CODE MINOR 11  
SOURCE RD CODE \_\_\_\_\_  
WARRANT AMOUNT 21.50 DENOMINATOR \_\_\_\_\_  
PAYEE NAME Feather River Hospital  
PAYEE ADDRESS Medical Staff Services  
5974 Pentz Rd.  
CITY Paradise STATE CA Zip 95696 -

FISCAL PERIOD CODE \_\_\_\_\_ ROUTING CODE M ROUTING RD CODE \_\_\_\_\_

| REFTYPE | NUMBER              | AMOUNT       | DATE            | COMMENTS   |
|---------|---------------------|--------------|-----------------|--|
| 1       | PVN <u>FER99999</u> |              |                 |  |
| 2       | ARD <u>8230</u>     |              |                 | Refund for overpayment of a certified true copy of a |
| 3       | STM <u>RE637545</u> | <u>21.50</u> | <u>08/01/03</u> | medical board license file.                          |
| 4       | INV <u>Feather</u>  | <u>21.50</u> |                 |  |

| FIN | AMOUNT       | SY          | CC             | PGM | LC           | ACCT         | FY | NMR | TYPE | NUM | LINE | FLI |
|-----|--------------|-------------|----------------|-----|--------------|--------------|----|-----|------|-----|------|-----|
| 1   | <u>21.50</u> | <u>2004</u> | <u>8535001</u> |     | <u># 243</u> | <u>51152</u> |    |     |      |     |      |     |
| 2   |              |             |                |     |              |              |    |     |      |     |      |     |
| 3   |              |             |                |     |              |              |    |     |      |     |      |     |
| 4   |              |             |                |     |              |              |    |     |      |     |      |     |

AKSAS 02-31 OWR ( 7/85 )

EASYTRAN NUMBER \_\_\_\_\_ PREPARED BY/TEL. NO. Sher Zinn / 2756 DATE 09/04/03  
INPUT RD CODE DOL DATE \_\_\_\_\_



# Alaska Department of Community and Economic Development

## Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

September 4, 2003

Kay Morales, CMSC, CPCS  
Feather River Hospital  
Medical Staff Services  
5974 Pentz Rd.  
Paradise, CA 95696

Re: Donald Clyde Willis, MD, License #4825

Dear Ms. Morales:


Per your written request, enclosed are certified copies of the licensing file of Dr. Donald Willis. The surrender of Dr. Willis' license was effective August 7, 2003.

In accordance with 12 AAC 02.104 (4), a photocopy fee of \$.25 per page will be assessed. There are 121 pages in the file, therefore the fee is \$30.25. We received \$51.75 on August 1, 2003. A refund will be issued of \$21.50 and will be sent under separate cover.

Social security numbers are confidential and have been obscured. Other items which are considered confidential and have not been provided with this certification are, National Board of Medical Examiners exam scores, American Medical Association Physician Profile and National Practitioner Data Bank Inquiry. In accordance with AS 09.25.120 (3), medical records are confidential and have not been included with this certification.

If you have any questions, please contact me at (907) 465-2756.

Sincerely,



Sher Zinn  
Licensing Examiner  
Alaska State Medical Board

107 pages  
114  
121 pages  
x .25 = 30.25

xc: Dr. Willis

# Alaska Department of Community and Economic Development

## Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

### CERTIFICATION

I, Sher Zinn, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the licensing file for Donald Clyde Willis, MD, holding Alaska license number 4825 with an initial license date of April 9, 2002. Dr. Willis license was surrendered effective August 7, 2003. The original expiration date was December 31, 2004.

Division policy requires that a licensee's social security number be kept confidential, for this reason they have been obscured.

The following items are considered confidential and are not releasable to the general public. These confidential items have not been provided with this certification.

- American Medical Association Physician Profile
- NBME Exam Scores
- Medical Records
- National Practitioner Data Bank Inquiry

SEAL



*Sher Zinn* 9/4/03  
Sher Zinn, Licensing Examiner Date

Frank H. Murkowski, Governor

**Alaska** Department of Community and Economic Development

**Division of Occupational Licensing**

P.O. Box 110806, Juneau, AK 99811-0806  
 Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437  
 Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occl/

July 14, 2003

MED  
RECEIVED

AUG 01 2003

DIVISION OF  
OCCUPATIONAL LICENSING

JUNEAU

51.75 - PA

637545

Helmuth Jones, MD, Chair  
 Credentials Committee  
 Feather River Hospital  
 Medical Staff Services  
 5974 Pentz Road  
 Paradise, CA 95969

Dear Dr. Jones:

I have received your request for verification of licensure and copies of the medical license application for Dr. Donald Willis. There is a \$20 fee for verification of licensure and a photocopy fee of \$.25 per page. Dr. Willis has 2 applications in his file, one for a locum tenens permit and one for a permanent license. Please specify which application you would like copies of and if you want any supporting documentation Dr. Willis provided.

I will need to know which application and documentation you desire before I can give you a cost estimate. You may fax your response to me at (907) 465-2974, please be aware we must receive the fees before any information may be released.

Sincerely,

Sher Zinn  
 Licensing Examiner  
 Alaska State Medical Board  
 (907) 465-2756

Sher:

We want everything you have  
 please let me know the cost

Thank you

Kay Morales CMSC, CPCs  
 Credentials Coord

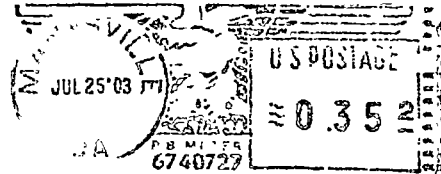
**Adventist  
Health**

***Feather River Hospital***

Medical Staff Office

5974 Pentz Road  
Paradise, CA 95969

PRESORTED  
FIRST CLASS



Ms. Sher Zinn, Licensing Examiner  
Alaska State Medical Board  
Division of Occupational Licensing  
PO Box 110806  
Juneau, AK 99811-0806

029

99811+0806

13/17

Frank H. Murkowski, Governor

**Alaska** Department of Community and Economic Development

**Division of Occupational Licensing**

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

RECEIVED

JUL 14 2003

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

FROM Kay Morales, Credentials Coord.

TO: Helmut Janas MD

DATE: 7/14/03

COMPANY: Frontier River Hospital

FAX NO: 530-876-2153

TO FROM: SHER ZINN

NUMBER OF PAGES INCLUDING COVER: \_\_\_\_\_

HARD COPY TO FOLLOW? YES  NO

RE: Dr. Donald C. Willis

IF FAX DOES NOT TRANSMIT PROPERLY, PLEASE CALL (907) 465-2756 IMMEDIATELY

This FAX is intended to be reviewed by the individual named above. If you received this FAX in error, please immediately notify the sender by telephone, and return this FAX to the sender at the above address. Thank you.

*Alaska* Department of Community and Economic Development  
Frank H. Murkowski, Governor

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July 14, 2003

Helmuth Jones, MD, Chair  
Credentials Committee  
Feather River Hospital  
Medical Staff Services  
5974 Pentz Road  
Paradise, CA 95969

Dear Dr. Jones:

I have received your request for verification of licensure and copies of the medical license application for Dr. Donald Willis. There is a \$20 fee for verification of licensure and a photocopy fee of \$.25 per page. Dr. Willis has 2 applications in his file, one for a locum tenens permit and one for a permanent license. Please specify which application you would like copies of and if you want any supporting documentation Dr. Willis provided.

I will need to know which application and documentation you desire before I can give you a cost estimate. You may fax your response to me at (907) 465-2974, please be aware we must receive the fees before any information may be released.

Sincerely,

Sher Zinn  
Licensing Examiner  
Alaska State Medical Board  
(907) 465-2756

Sher:

We want everything you have  
Please let me know the cost

Thank you

Kay Morales CMSC, CPCs  
Credentials Coord

"Promoting a healthy economy and strong communities"

530-876-7262



Frank H. Murkowski, Governor

Department of Community and Economic Development

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

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Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occl

TO: Helmut Jonas, MD DATE: 7/14/03

COMPANY: Feather River Hospital

FAX NO: 530-876-2153

FROM: SHER ZINN

NUMBER OF PAGES INCLUDING COVER: \_\_\_\_\_

HARD COPY TO FOLLOW? YES  NO

RE: Dr. Donald C. Willis

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# Alaska

## Department of Community and Economic Development

### Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: [License@dced.state.ak.us](mailto:License@dced.state.ak.us) • Website: [www.dced.state.ak.us/occ/](http://www.dced.state.ak.us/occ/)

July 14, 2003

Helmuth Jones, MD, Chair  
Credentials Committee  
Feather River Hospital  
Medical Staff Services  
5974 Pentz Road  
Paradise, CA 95969

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I will need to know which application and documentation you desire before I can give you a cost estimate. You may fax your response to me at (907) 465-2974, please be aware we must receive the fees before any information may be released.

Sincerely,

Sher Zinn  
Licensing Examiner  
Alaska State Medical Board  
(907) 465-2756



**Adventist Health**

**Feather River Hospital**

5974 Pentz Rd.  
Paradise, CA 95969

RECEIVED

JUL 09 2003

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

**FAX: CONFIDENTIAL HEALTH INFORMATION MAY BE ENCLOSED**

"Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain this information in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law."

If you do not receive    page(s) including this cover sheet, or have difficulties with this transmission, please call the telephone number listed below.

To: Alaska State Med Board From: \_\_\_\_\_

Fax: 907-465-2974 Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Re: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: \_\_\_\_\_ Pager: \_\_\_\_\_

**Adventist Health**

**Feather River Hospital**

5974 Pentz Road  
Paradise, CA 95969

530-876-7262  
Fax: 530-876-2163  
email: moralesk1@ah.org

**Kay Morales, CMSC, CPCS**  
Credentials/CME Coordinator  
Medical Staff

**Urgent**

**For Review**

**Please Comment**

**Per Request**

**Please Reply**

**Comments:**

Attention: Linda Sherwood

**Important**

**Warning:**

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately and destroy the related message. Thank you.

**Adventist  
Health**

*Feather River Hospital  
Medical Staff Services  
5974 Pentz Road  
Paradise, CA 95969  
Phone: (530) 876-7262  
Fax: (530) 876-2153*

July 9, 2003

Alaska State Medical Board  
PO Box 110806  
Juneau, AK 99811-0806

Re: Donald C. Willis, MD  
Alaska State Medical License #4825

To Whom It May Concern:

The above-named physician has applied for membership and privileges on the Medical Staff of Feather River Hospital. He states on his application that he now holds or previously held a medical license in the State of Alaska.

Please verify in writing, the current status of the medical license and whether or not there have been any investigations, disciplinary activity, or if there is any pending investigation or disciplinary actions against his license.

In addition, we would appreciate a copy of the physician's license application, and any available documentation pertaining to the Alaska State Medical Board's interview and findings involving this physician in January, 2002. A copy of the applicant's signed consent for release of information is provided.

For convenience, this documentation may be returned by fax, to 530-876-2153. If there is a fee involved, please provide a statement which would be paid accordingly. For advance payment of fees, please call 530-876-7262.

Thank you kindly for your assistance in this matter.

Sincerely,

*H Jones, MD*

Helmuth Jones, M.D., Chair  
Credentials Committee

## FEATHER RIVER HOSPITAL

## INFORMATION RELEASE/ACKNOWLEDGMENTS

In making this application to the medical staff of "this Healthcare Organization", I acknowledge that I have received and read the medical staff bylaws and rules & regulations. I agree to be bound by the terms thereof if I am granted membership or clinical privileges, and I further agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the medical staff. I also agree to provide continuous care and supervision, as needed, to all patients in the hospital for whom I have responsibility.

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Healthcare Organization" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations (IPAs), health plans, health maintenance organizations (HMOs), preferred provider organizations (PPOs), other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage and claims history), licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including this Healthcare Organization, engaged in quality assessment, peer review and credentialing on behalf of this Healthcare Organization, and all persons and entities providing credentialing information to such representatives of this Healthcare Organization, from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in this Healthcare Organization, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation in this Healthcare Organization as may be required by state and federal law and regulation, including but not limited to, California Business and Professions Code Section 890 et seq., if applicable.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with a Healthcare Organization, I agree to notify this Healthcare Organization immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine in California; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify this Healthcare Organization in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by the Medical Board of California taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original, however, original signatures and current dates are required on pages 7 and 8.

Print Name Here:

Physician Signature

(Stamped Signature Is Not Acceptable)

*Donald C. Williams*

Date

6-1-03

entered 8/27/03

Frank H. Murkowski, Governor

Jenda ✓  
B8

# Alaska Department of Community and Economic Development

## Division of Occupational Licensing

550 W. 7th Avenue, Suite 1500, Anchorage, AK 99501-3567

Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occl

**CERTIFIED # 7002 0510 0000 4091 9385  
RETURN RECEIPT REQUESTED**

August 21, 2003

Donald C. Willis, M.D.  
2701 Turner St., Apt 1B  
Fairbanks, Alaska 99701

RECEIVED  
AUG 27 2003  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Dear Donald Willis:

RE: Case No. 2800-03-037

This letter shall serve as formal notice to you that the State Medical Board, during its August 7, 2003 meeting, adopted the Voluntary Surrender of Medical License presented to the Board by members of the staff from the Division of Occupational Licensing. A copy of the Surrender, as adopted, is enclosed.

Should you have any questions regarding this matter, please do not hesitate to contact me at the above listed address and telephone number.

Sincerely,



Gary Veres  
Chief Investigator

Enclosure

- cc: All Members, Medical Board
- Rick Urion, Director
- Barbara Gabier, Program Coordinator w/orig
- Hearing Officer Unit
- Debra Luker, Investigator
- Colin Matthews, Senior Investigator
- Deborah Finley, Investigator
- Leslie Gallant, Executive Administrator
- File: 2800-03-037

JGV/ab

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CERTIFIED  
with RETURN  
RECEIPT

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
BEFORE THE STATE MEDICAL BOARD

AGREEMENT TO SURRENDER OF PHYSICIAN LICENSE

I, Donald C. Willis, M.D., voluntarily agree to surrender my Alaska Physician License, Number # 4825, which was first issued to me April 9, 2002 and which will expire December 31, 2004.

I am agreeing to the voluntary surrender of my physician license at this time with the understanding the Division of Occupational Licensing (Division) is conducting an active investigation under case number 2800.03.37 on behalf of the Alaska State Medical Board (Board) concerning my failure to fully disclose my employment history on my application for a license to practice medicine in Alaska. I also understand this investigation relates to the denial of my application for hospital privileges at the Fairbanks Memorial Hospital, Fairbanks, Alaska which was reported to the Division in accordance with AS 08.64.336.

I understand that I am surrendering my license in lieu of possible revocation, suspension, or other licensing action. I understand that as a result of this voluntary surrender, I can not practice medicine as a physician in Alaska, and will not be able to do so until I prove to the Board I can do so with skill and safety.

If I make a request for reinstatement and I am denied by the Board, I have the right to a hearing, pursuant to AS 44.62, of the Administrative Procedures Act (APA).

I am not taking any medication that alters my ability to make this decision, and I fully understand the ramifications of the surrender. No promises or threats have been made by anyone to induce me to sign this surrender document. I understand that I do not have to surrender my Alaska medical license at this time, however, as stated in this document, that is my desire and intent.

Donald C Willis  
Signed

6-21-03  
Date

STATE OF ALASKA  
DIVISION OF OCCUPATIONAL LICENSING  
550 WEST 7TH AVENUE, SUITE 1500  
ANCHORAGE, ALASKA 99501

ORIGINAL

1 State of Alaska  
2 Department of Community & Economic Development  
3 Division of Occupational Licensing  
4 Before the State Medical Board

5 In the matter of: )  
6 Donald C. Willis, M.D. )  
7 Respondent )

8 **ORDER**

9 The Medical Board for the State of Alaska, having examined the Agreement  
10 to Surrender of Physician License and Order, Case No. 2800-03-37, adopted the  
11 Agreement to Surrender of Physician License and Order in this matter on  
12 August 1, 2003.

13 Dated this 1<sup>st</sup> day of August, 2003, at  
14 Kodiak Island, Alaska.

15 Alaska State Medical Board

16 By: Martha T. Cotton  
17 Chairperson

18 STATE OF ALASKA  
19 DIVISION OF OCCUPATIONAL LICENSING  
20 3601 C STREET, ANCHORAGE, ALASKA 99503  
21 907-269-8160 907-269-8156

**DRAFT**  
STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
STATE MEDICAL BOARD

MINUTES OF MEETING

August 7 - 8, 2003

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting of the Alaska State Medical Board was held on Thursday and Friday, August 7 - 8, 2003 in the east training room of Providence Kodiak Island Medical Center, Kodiak, Alaska.

**THURSDAY, AUGUST 7, 2003**

[Tape 1, Side A]

Call to Order – Roll Call – On the record 8:30 am.

**ROLL CALL**

015

|               |                                    |                           |
|---------------|------------------------------------|---------------------------|
| Present were: | Martha T. Cotten, MD, Acting Chair | Mrs. Debbie Joslin        |
|               | Robert A. Breffeilh, MD            | Mr. Michael J. Tauriainen |
|               | G. Bert Flaming, MD                | Thomas H. Wilson, PA-C    |
|               | David M. Head                      |                           |

Staff members present were Linda Sherwood, Colin Matthews, Leslie Gallant, Division Director Rick Urion, and Assistant Attorney General Robert Auth.

\* \* \* \* \*

**AGENDA ITEM**                      **Discussion of Investigation Situation**

Acting Chair Dr. Cotten asked if the board would like to go into executive session for the purpose of discussing investigation matters. Ms. Gallant reviewed the Administrative Procedure Act, AS 44.62.310, that discusses the reasons that a board may go into executive session. Dr. Cotten believed that the board met that requirement under AS 44.62.310(c)(2) and (4) for the purpose of this discussion.

**MOTION**                      **HEAD** moved and **BREFFEILH** amended that in accordance with **AS 44.62.310(c)(1) and (4)** the state medical board go into executive session for the purpose of discussing investigative procedures and direction. Staff members to remain in the room.

**2<sup>nd</sup>**                                      **JOSLIN**

**VOTE**                                **7** Yea votes (Cotten, Breffeilh, Flaming, Head, Joslin, Tauriainen, Wilson); **0** Nay votes; **0** Abstention votes

095

Off the record at 8:40 am; on the record at 9:20 am.

\* \* \* \* \*

**AGENDA ITEM I**                      **In the Matter of Roger C. Gano, MD**

**BOARD POLICY**

When an initial complaint is received about a physician failing to provide copies of medical records when requested to do so, the board directs that the following be done:

1 Investigator to write a letter of advisement to the physician pointing out that there is a regulation requiring the production of records, when requested, within 30 days. This letter is to include language that advises the physician that failure to comply in the future may lead to formal investigation and possible disciplinary sanctions by the board.

2 If complaints continue to be received after the cautionary letter is sent, then investigations may open a case and pursue sanctions.

\* \* \* \* \*

**AGENDA ITEM 10 In the Matter of Donald C. Willis, MD**

Mr. Matthews reported to the board that Dr. Willis had difficulties in Fairbanks with his hospital privileges and it was subsequently found that he had forgotten to disclose some additional information in this license application. Apparently, Dr. Willis had neglected to tell the hospital about his work with Indian Health Service in Arizona. He also did not disclose that employment to us when he applied for a license. Mr. Matthews also confirmed for the board that he clearly understood that he did not have to surrender the license and that the surrender would be a reported matter. He advised that Dr. Willis has not been practicing in Fairbanks up to this point.

**MOTION** HEAD moved to accept the surrender of license from Dr. Donald Willis.  
2<sup>nd</sup> WILSON  
**VOTE** 7 Yea votes (Cotten, Breffelh, Flaming, Head, Joslin, Tauriainen, Wilson); 0 Nay votes; 0 Abstention votes 723

[Tape 3, Side]

\* \* \* \* \*

**AGENDA ITEM 15 License Application Review - Walter, Jacqueline, MD**

**MOTION** WILSON moved that in accordance with AS 44.62.310(c)(2), the board go into executive session for the purpose of discussing the matter of Jacqueline W. Walter, MD.  
2<sup>nd</sup> HEAD  
**VOTE** 7 Yea votes (Cotten, Breffelh, Flaming, Head, Joslin, Tauriainen, Wilson); 0 Nay votes; 0 Abstention votes

Off the record at 3:37 pm; on the record at 3:58 pm.

Mr. Wilson wanted to reinforce what a difference it makes to have a face-to-face contact with the applicant in such cases. He was not sure his decision would have been the same if the board was only reviewing the record and did not have the opportunity to talk with Dr. Walter. Face to face interview is very beneficial. 034

Ms. Gallant and Dr. Cotten reiterated that the board has the right to request full board interviews and such interviews are very helpful when making these licensing decisions.



June 6, 2003

Mr. Colin Matthews,  
Senior Investigator  
Division of Occupational Licensing  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501-3567

Dear Mr. Matthews:

Enclosed is the copy of the licensure file for Dr. Donald C. Willis, license number 4825.  
No portions of the file have been omitted or obscured.

If you have any questions, please contact this office at the above address or call (907)  
465-2541 during office hours of 8:00 a.m. to 4:30 p.m.

Sincerely,

Linda Sherwood  
Licensing Examiner  
Alaska State Medical Board



**Division of Occupational Licensing**

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: [License@dced.state.ak.us](mailto:License@dced.state.ak.us) • Website: [www.dced.state.ak.us/occ/](http://www.dced.state.ak.us/occ/)

**CERTIFICATION**

I, Linda Sherwood, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the licensing file for Donald Clyde Willis, holding Alaska license number 4825, with an initial license date of April 9, 2002, and an expiration date of December 31, 2004. Since this is an investigative request for the file, social security numbers have not been obscured.

---

Linda Sherwood, Licensing Examiner Date

**Subject: Willis**

**Date:** Fri, 06 Jun 2003 13:47:43 -0800

**From:** Colin Matthews <Colin\_Matthews@dced.state.ak.us>

**To:** Linda M Sherwood <linda\_sherwood@dced.state.ak.us>

Linda--I meant to ask you when we talked--please send me a Certified Copy of Willis' licensing file. Thanks CM

Donald C. Willis, M.D.  
2701 Turner St., Apt. 1-B  
Fairbanks, AK 99701-6993

RECEIVED  
MAR 18 2003  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

March 12, 2003

State of Alaska  
Dept. of Community & Economic Development  
Division of Occupational Licensing  
P.O. Box 110806  
Juneau, AK 99811-0806

Dear Sir or Madame:

Re: Alaska Medical License # 4825

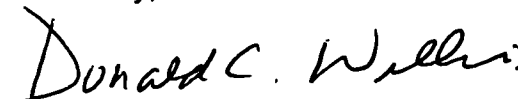
Although I have resided in Alaska for one year, I have not worked in Alaska and have no plans to do so. My plan is to relocate to another state.

It is therefore my wish to cancel and surrender my Alaska Medical License # 4825. Enclosed is my original wallet card.

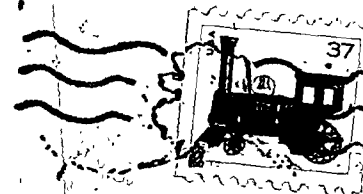
Please advise as to additional steps, if any, which I must take in order to cancel my license.

Thank you very much.

Sincerely,



Donald C. Willis, M.D.



State of Alaska  
Dept of Community + Economic Development  
Division of Occupational Licensing  
PO Box 110806  
Juneau, AK

99811-08

No. 4825  
Effective: 12/30/2002  
Expires: 12/31/2004

**STATE OF ALASKA**  
**DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT**  
Division of Occupational Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**STATE MEDICAL BOARD**

Certifies that

**DONALD CLYDE WILLIS**  
IS A LICENSED  
**PHYSICIAN**

Acting Commissioner: Thomas W. Lawson

Wallet Card

No. 4825  
**State Of Alaska**  
Department of Community and Economic Development  
Division of Occupational Licensing  
**DONALD CLYDE WILLIS**  
IS A LICENSED  
PHYSICIAN

| Effective  | Expiration | Date of Birth |
|------------|------------|---------------|
| 12/30/2002 | 12/31/2004 | 06/26/1943    |

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

MED

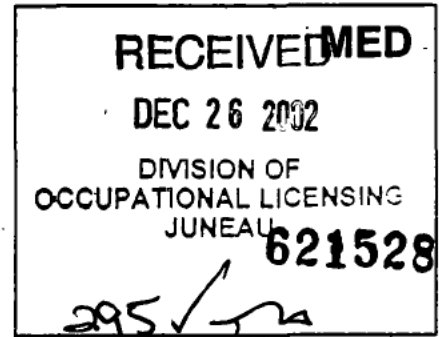
FAIRBANKS AK 99701-6993  
2701 TURNER ST, APT 1-B  
DONALD CLYDE WILLIS



# ALASKA STATE MEDICAL BOARD

Department of Community & Economic Development  
Division of Occupational Licensing  
Juneau AK 99811-0806  
P. O. Box 110806  
E-mail: license@dced.state.ak.us

A - K: (907) 465-2756  
L - Z: (907) 465-2541



MED S 4825  
DONALD CLYDE WILLIS  
2701 TURNER ST, APT 1-B  
FAIRBANKS AK 99701

## PRORATED MEDICAL LICENSE RENEWAL APPLICATION LICENSE NUMBER 4754 AND ABOVE

For the Period of January 1, 2003 thru December 31, 2004

### INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2002. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

#### RENEWAL DUE DATE

For renewal prior to December 31, 2002, your completed renewal form and fees must be received in our office no later than December 1, 2002. Processing of a complete renewal takes three to four weeks from the date of receipt in our office - plan accordingly. Your renewal will be rejected if the form is incomplete or insufficient fees are received.

#### NAME CHANGE

If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

#### SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.100(e), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

#### LAPSED LICENSES

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (see page 4). Licenses that are expired for more than five years may not be renewed.

#### INACTIVE LICENSES

You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review 12 AAC 40.033, page 4, regarding reactivation requirements.

#### RETIRED LICENSES

There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review 12 AAC 40.031 regarding reactivation requirements that are included in this renewal (page 4).

#### PAYMENT OF CHILD SUPPORT OR STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6686, (907) 269-6688, or 1-800/478-3300 or Post-Secondary Education at 1-888/441-2961 to resolve payment issues.

#### PUBLIC INFORMATION

All information on this renewal form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the division's of Occupational Licensing's website at [www.dced.state.ak.us/occ](http://www.dced.state.ak.us/occ) under "Occupational License Search."

Check appropriate box:  PRORATED ACTIVE LICENSE - \$295  PRORATED INACTIVE LICENSE - \$125  RETIRED LICENSE \$100

#### PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

|   |  |  |
|---|--|--|
| NAME (Last, First, Middle)<br>WILLIS DONALD CLYDE   |  | SEX:<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| PRACTICE ADDRESS (Complete address)<br>None   |  | Use as Address of Record:<br><input type="checkbox"/>                    |
| RESIDENCE ADDRESS (Complete address)<br>2701 TURNER ST, APT 1-B, FAIRBANKS, AK 99701-6993 |  | Use as Address of Record:<br><input checked="" type="checkbox"/>         |
| WORK TELEPHONE:<br>None   | E-MAIL ADDRESS:<br>donwillismd@aol.com     |  |
| SOCIAL SECURITY NO.<br>[REDACTED]   | DATE OF BIRTH (MM/DD/YYYY)<br>06, 26, 1943 | ALASKA LICENSE NO.<br>4825 <sup>13/17</sup>                              |

**REQUIRED INFORMATION (Information required to update the board's license database.)**

|  |                             |                                   |
|--|-----------------------------|-----------------------------------|
| MEDICAL SCHOOL (Name of school)<br><b>INDIAN UNIV - School of Medicine</b> |                             | Year of Graduation<br><b>1976</b> |
| LOCATION (City, State)<br><b>Indianapolis IN</b>                           |                             | Country<br><b>USA</b>             |
| PRACTICE SPECIALTY<br><b>OB/GYN</b>  | SUBSPECIALTY<br><b>None</b> | SUBSPECIALTY<br><b>None</b>       |

LIST ALL OTHER STATES AND/OR PROVINCES OF CANADA OR OTHER JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE

OREGON  
CALIFORNIA

**PROFESSIONAL CONDUCT:**

The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application's being rejected. Please read each question carefully. Please check the appropriate response to the questions below.**

**CONFIDENTIALITY:**

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**Since the date of your last application for a license to practice medicine in Alaska, or within the past two years:**

1.  NO  YES Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?
2.  NO  YES Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction?
3.  NO  YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN LATE MEDICAL RECORDS)?
4.  NO  YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
5.  NO  YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
6.  NO  YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
7.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
8.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
9.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)



- 10:  NO  YES Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- 11:  NO  YES Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

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DEC 26 2002

CONTINUING MEDICAL EDUCATION

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

If your license number is 4754 and above, you are not required to document CME for this renewal only. However, you must comply with appropriate regulations for future renewals. Please refer to the regulations on page 4.

I hereby certify and affirm that the information provided in this application document is true and correct.

✓ Sign here

Donald C Wallin  
Applicant's Signature

12.21.02  
Date

**BEFORE YOU MAIL THIS RENEWAL APPLICATION! HAVE YOU?**

- Completed all questions in the form?
- Signed the renewal form?
- Attached your check for fees payable to the State of Alaska?
- Attached explanations for any 'yes' responses?

**PUBLIC INFORMATION:** All information on this renewal form will be available to the public unless required to be confidential by law.

All regulations referenced in this application for renewal may be found on page 4.

**WARNING:** The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List to:

REGULATIONS SPECIALIST  
Dept of Community and Economic Development - Division of Occupational Licensing  
Post Office Box 110806  
Juneau AK 99811-0806

## SELECTED PERTINENT REGULATIONS

**12 AAC 40.025. LAPSED PHYSICIAN LICENSES.** (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed application for license reinstatement;
- (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
- (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
- (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a) of this section and

- (1) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
- (2) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;

(3) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and

(4) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

**12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE.** (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

(1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with

- (A) AS 08.64.200 and 08.64.250, if a physician applicant;
- (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
- (C) AS 08.64.205, if an osteopath applicant;

(2) submits evidence of at least 34 hours of continuing medical education credits earned within the two years immediately before the date of application;

(3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;

(4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;

(5) submits information from the disciplinary data bank of the Federation of State Medical Boards;

(6) is interviewed by a member of the board; and

(7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

**12 AAC 40.033. INACTIVE PHYSICIAN LICENSE.** (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician is requesting an inactive license; and

(2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

(1) meet the requirements of 12 AAC 40.025;

(2) submit a written request for reactivation;

(3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board; and

(4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

**12 AAC 40.200. GENERAL REQUIREMENTS.** (a) A physician seeking renewal of a license on or after January 1, 1986 shall obtain an average of 17 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal.

The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

**12 AAC 40.210. CREDIT HOURS.** (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining credit hours in a Category I continuing medical education program accredited by the American Medical Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

(1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or

(2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association.

**12 AAC 40.220. CERTIFICATION OF COMPLIANCE.** (a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

**12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS.** For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.

Don Willis, M.D.  
2701 Turner St., Apt. 1-B  
Fairbanks, AK 99701-6993



Div of Occupational Licensing  
PO Box 110806  
Juneau, AK

043

99811-0806<sup>1/13/17</sup>

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING

STATE MEDICAL BOARD

**DRAFT**

MINUTES OF MEETING

April 4 - 5, 2002

**RECEIVED**  
**APR 18 2002**  
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OCCUPATIONAL LICENSING  
JUNEAU

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting of the Alaska State Medical Board was held on Thursday and Friday, April 4 - 5, 2002 in Room 336, Frontier Building, Anchorage, Alaska

*[Tape 1 - Side A]*

The meeting was called to order at 8:55 am.

**Roll Call**

The following board members were present:

Irvin A. Rothrock, MD

Allan G. Schlicht, MD

Keith M. Brownsberger, MD

Constance E. Livsey

Sheila Means

David M. Head, MD

Thomas H. Wilson, PA-C

Dr. Martha Cotten was absent.

Also present were board staff members Sher Zinn, Debra Luker, Colin Matthews, and Leslie Abel.

**AGENDA ITEM 9      Minutes**

Minutes of Meeting of January 17 - 18, 2002

**MOTION      BROWNSBERGER moved to approve as written minutes of the last quarterly meeting of January 17-18, 2002.**

DRAFT - Not Approved by Board

Ms. Livsey noted that the board will probably be crafting a fairly stiff memorandum of agreement, including sanctions, should the board decide to license him. Board members requested full board interview, detailed explanation of history as a physician assistant, evaluations from Talbott or any other evaluations or examinations, where licensed and verifications as a physician assistant. Board members opined that this information is to be gathered as part of Dr. Yarusso's license application process.

**MOTION**      **WILSON** moved to request from Dr. Yarusso additional, more detailed information regarding his past practice as a physician assistant including other states of licensure and verifications of those licenses, that Dr. Yarusso cause to be provided to the board his treatment records from Talbott, and that he cause to be provided to the board copies of any evaluations or examinations he has undergone, and that he appear for a full board interview.

**2<sup>nd</sup>**  
**VOTE**      **BROWNSBERGER**  
8 Yeas – 0 Nays – 0 Abstentions

422

Willis, Donald C., MD

Board members discussed Dr. Willis' past history that he also disclosed in his application for a locum tenens permit that was reviewed at the January board meeting.

**MOTION**      **HEAD** moved to grant an unrestricted license to Dr. Donald Willis.

**2<sup>ND</sup>**  
**VOTE**      **BROWNSBERGER**  
8 Yeas – 0 Nays – 0 Abstentions

577

**AGENDA ITEM 10**

**Presentation on Administrative Law – David Stebing**

Mr. Stebing met with the board to tell them about the Administrative Procedure Act and his function as the Department of Community and Economic Development's hearing officer.

*[Tape 4 Slide B]*

Mr. Stebing also discussed how he calendars matters, summary proceedings, ex parte communications, and other areas of administrative law and the Administrative Procedure Act that dictate how the hearing officer and the board work within the law.

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JUNEAU

2701 TURNER St., Apt 1-B  
Fairbanks, AK 99701  
3-15-02



Ms. Sher Zinn, Licensing Examiner  
Alaska State Medical Board  
State of Alaska  
Dept of Community & Economic Development  
Div of Occupational Licensing  
P.O. Box 110806  
Juneau, AK 99811-0806

Dear Ms. Zinn:

This letter is to inform you of my change of address and home phone. My new permanent residential address is on Turner St in Fairbanks as noted above in the letter head. My new residential telephone number is: (907) 452-4114. *dave 3/29*

The second purpose of this letter is to ask that you release all information regarding my current application for conversion of my Locum Permit to a permanent license to my intended new employer as follows:

Mr. James C. Kohler, CHE  
Health Center Director  
Chief Andrew Isaac Health Center  
1408 19th Avenue  
Fairbanks, AK 99701

Office telephone: (907) 451-6682 Ext3607

Thank you very much.

Sincerely,

*Donald C. Willis*  
Donald C. Willis, M.D.

copy: James C. Kohler, CHE

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JUNEAU

*→ Jee*

No. 4825  
Effective: 04/09/2002  
Expires: 12/31/2002

**STATE OF ALASKA**  
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT  
Division of Occupational Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**STATE MEDICAL BOARD**

Certifies that

**DONALD CLYDE WILLIS**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Deborah B. Sedwick

Wallet Card

|  |            |               |
|--|------------|---------------|
| No. 4825   |            |               |
| State Of Alaska  |            |               |
| Department of Community and Economic Development<br>Division of Occupational Licensing |            |               |
| DONALD CLYDE WILLIS  |            |               |
| IS A LICENSED<br>PHYSICIAN   |            |               |
| Effective  | Expiration | Date of Birth |
| 04/09/2002   | 12/31/2002 | .06/26/1943   |
| Signature _____  |            |               |

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

MED

DONALD CLYDE WILLIS  
2701 TURNER ST, APT 1-B  
FAIRBANKS AK 99701



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806, Juneau Alaska 99811-0806  
(907) 465-2756 A - K or (907) 465-2541 L - Z  
E-Mail: license@dced.state.ak.us

## FINAL BOARD ACTION

William Donald Chyle  
PHYSICIAN APPLICANT'S NAME (Last, First, Middle)

MD     DO     DPM

### APPROVAL TO GRANT A PERMANENT, UNRESTRICTED LICENSE

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant to this physician a permanent and unrestricted license to practice medicine.

PENDING:     Fees     NPDB Report     Other \_\_\_\_\_

Signature, Board Member [Signature]    Date 4 April 2002

### APPROVAL TO GRANT A LICENSE WITH CONDITIONS

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant a permanent license to practice medicine to the above named physician with the following conditions:

Conditions of Licensure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature, Board Member \_\_\_\_\_    Date \_\_\_\_\_

### LICENSE APPLICATION DENIED.

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board voted to deny a permanent license to practice medicine to the applicant physician for the following reason(s):

Basis for Denial: \_\_\_\_\_  
\_\_\_\_\_

Signature, Board Member \_\_\_\_\_    Date \_\_\_\_\_

For Staff Use Only: License Issued Date 4/9/02    License No. 4825    By [Signature]

Application Referred to \_\_\_\_\_ for MOA or \_\_\_\_\_

Notice of board action to: \_\_\_\_\_ Paralegal \_\_\_\_\_ FSMB Report Submitted \_\_\_\_\_ NPDB Report \_\_\_\_\_ Other \_\_\_\_\_



ALASKA STATE MEDICAL BOARD

Checklist - Temporary Permit

Applicant

Name Willis Donald Clyde  MD  DO  DPM

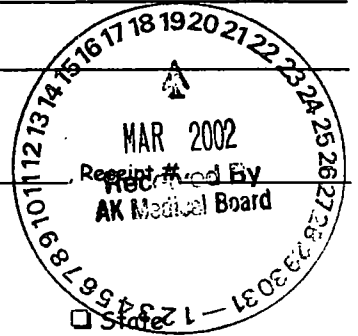
Specialty OB/GYN App by:  Credentials CA  Exam.

Subspecialty \_\_\_\_\_ Subspecialty \_\_\_\_\_

Date Received

Start Date (If Known) \_\_\_\_\_

1/30/02 Fees:  App Fee \$ 250 Receipt # 592667  
 License Fee \$ 145 Receipt # 592667



1/30/02 Application, with photo and notary

2/13/02 Authorization for Release of Records

2/19/02 Exam Scores - Type of Exam:  USMLE  FLEX  NBME  State

1/17/01 Medical School Diploma/Transcript Accredited:  Yes  No

2/19/02 Verification from Medical School

1/17/01 Internship/Residency Certificates Accredited:  Yes  No

- Graduated BEFORE 01/01/1995 - 1 yr PG Required not year 1 - Canada
- Graduated AFTER 01/01/1995 - 2 yrs PG Required
- International Medical Graduate - 3 yrs PG Required ECFMG Certificate No. \_\_\_\_\_

3/1/02 Verifications from Postgraduate Training Programs - Rec'd: 1)  2)  3)  4)

12/7/01 Verifications of Licensure: OR, CA, AK LT permit

3/13/02 Hospital Privileges List see list

2/1/02 DEA Clearance Report

1/15/01 Federation of State Medical Boards Clearance Report

2/7/02 AMA/AOA Physician Profile Discrepancies: \_\_\_\_\_

NPDB Report  Requested  Received

NO  YES Irregularities, "Yes" Responses, Other Adverse Information Noted in Application - Specify: #23, 29, 36a, 45, reviewed at Jan. board meeting

2/6/02 Application Status Letter Sent: 1) 2/6/02 2) \_\_\_\_\_ 3) \_\_\_\_\_

3/14/02 Application Complete - File to Exec Administrator

BOARD MEMBER/DESIGNEE REVIEW APPROVAL FOR TEMPORARY PERMIT

Interview Required:  NO  YES Reason for Interview Interview @ locums done

APPROVED for permit  DENIED - to be considered by full board

Comments: \_\_\_\_\_

Signature Martha V Cotten  
Board Member/Designee

Date Reviewed \_\_\_\_\_

Temporary Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Permanent Address Change Effective 3-11-02



OLD ADDRESS 1101 CORDOVA ST, Apt 129  
Anchorage, AK 99501

NEW ADDRESS

2701 TURNER ST., APT 1-B  
FAIRBANKS, AK 99701

TEL: (907) 452-4114

Donald C. Willis.  
Donald C. Willis, M.D.



# ALASKA STATE MEDICAL BOARD

**MED**

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Street - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
 A - K: 907/465-2756 L - Z: 907/465-2541  
 E-mail: license@dced.state.ak.us

|   |        |
|---|--------|
| For Office Use Only                             |        |
| <b>RECEIVED</b><br>395.40<br><b>JAN 30 2002</b> |        |
| DIVISION OF<br>OCCUPATIONAL LICENSING<br>JUNEAU |        |
| Receipt No.                                     | Amount |
| 592667  |        |

## APPLICATION FOR PHYSICIAN LICENSURE IN ALASKA

### PART I PERSONAL INFORMATION (Type or Print Legibly)

|    |  |   |  |   |
|----|--|---|--|---|
| 1  | Full Legal Name<br>(Last, First, Middle) | WILLIS DONALD CLYDE   |  | <input type="checkbox"/> Jr.  |
|    |  |   |  | <input type="checkbox"/> Sr.  |
| 2  | Other Names Used<br>(Incl. Maiden Name)  | None  |  |   |
| 3  | Legal Name Changes<br>(Provide copies)   | None  |  |   |
| 4  | Social Security Number                   | [REDACTED]  | Date of Birth  | 6-26-43   |
| 5  | Place of Birth<br>(City, State, Country) | Berkeley, CALIF, USA  |  |   |
| 6  | Full Practice Address                    | ALASKA NATIVE MEDICAL CENTER<br>4320 Diplomacy Drive, Anchorage, AK 99501 |  |   |
| 7  | Full Residence Address                   | 1101 CORDOVA ST Apt 129<br>Anchorage, AK 99501-6510                       |  |   |
| 8  | Telephones                               | Work  | (907) 729-3271   | Home  |
|    |  |   |  | (907) 277-4886  |
| 9  | E-Mail Address<br>(Optional)             |   |  |   |
| 10 | Preferred Address of Record              | <input type="checkbox"/> Use Practice Address                             | <input checked="" type="checkbox"/> Use Residence Address<br>How long at this address? 1 month |   |
| 11 | Professional Designation                 | <input checked="" type="checkbox"/> Allopathic Physician (MD)             | <input checked="" type="checkbox"/> Application by Credentials                                 |   |
|    |  | <input type="checkbox"/> Osteopathic Physician (DO)                       | <input type="checkbox"/> Application by Examination<br>(Alaska is first state of licensure)    |   |
| 12 | Previous License/Permit In ALASKA?       | <input type="checkbox"/> NO   | <input checked="" type="checkbox"/> YES  | If YES, what type and when:<br>Type: <u>LOCUM</u> Year: <u>2002</u> |

13. **Military Service**

Have you ever been in the armed forces?  Yes

No

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JAN 30 2002

If YES, branch of service: \_\_\_\_\_

Date of commission: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

DIVISION OF  
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JUNEAU

Locations where you served: \_\_\_\_\_

**PART II EDUCATION**

14. **Medical School Education** List the medical school(s) you attended and from which you graduated.

| Yr | SCHOOL                             | MAILING ADDRESS                      |      | Completed<br>(MM/YYYY) Yes/No |
|----|------------------------------------|--------------------------------------|------|-------------------------------|
| 1  | INDIANA UNIV<br>School of Medicine | 425 University <del>BLVD</del> BLVD. | From | 05-1972                       |
|    |                                    | Indianapolis IN 46202-5144           | To   | 02-1976 YES                   |
| 2  |                                    |                                      | From |                               |
|    |                                    |                                      | To   |                               |
| 3  |                                    |                                      | From |                               |
|    |                                    |                                      | To   |                               |
| 4  |                                    |                                      | From |                               |
|    |                                    |                                      | To   |                               |
| 5  |                                    |                                      | From |                               |
|    |                                    |                                      | To   |                               |

15. **Postgraduate Training** List internship, residency, or fellowship training programs chronologically.

| Yr | HOSPITAL                     | MAILING ADDRESS                                 |      | Completed<br>(MM/YYYY) Yes/No |
|----|------------------------------|---|------|-------------------------------|
| 1  | ROYAL JUBILEE<br>HOSPITAL    | 1900 FORT ST <sup>(Rotating</sup>               | From | 06/1976                       |
|    |                              | VICTORIA, BC, CANADA V8R1T8 <sup>interna)</sup> | To   | 06/1977 YES                   |
| 2  | STANFORD UNIV<br>MEDICAL CTR | MEDICAL CENTER <sup>(OB/GYN</sup>               | From | 07/1977                       |
|    |                              | STANFORD, CA 94305 <sup>Residency)</sup>        | To   | 07/1980 YES                   |
| 3  |                              |   | From |                               |
|    |                              |   | To   |                               |
| 4  |                              |   | From |                               |
|    |                              |   | To   |                               |
| 5  |                              |   | From |                               |
|    |                              |   | To   |                               |
| 6  |                              |   | From |                               |
|    |                              |   | To   |                               |

16. **Examination History** Please specify National Boards, FLEX, LMCC, USMLE, or a state written examination.

| Exam Series     | Location         | Date Taken (MM-YYYY) | Result   |
|-----------------|------------------|----------------------|--|
| National Boards | INDIANAPOLIS, IN | 06/1975              | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
|                 |                  |                      | <input type="checkbox"/> Pass <input type="checkbox"/> Fail            |
|                 |                  |                      | <input type="checkbox"/> Pass <input type="checkbox"/> Fail            |

17. **ECFMG Certification - International Graduates Only**

If you are an international medical graduate, have you taken the ECFMG exam?  Yes  No

If Yes, ECFMG Certificate No.  Date Issued (MM/YYYY)

Attach a certified true copy of the certificate to this application.

18. **Specialty** Attach certified true copies of board certificates.

| Specialty/Subspecialty | Board Certified?<br>Yes/No/Year | What Board?                                  | Recert.<br>Date -Year |
|------------------------|---------------------------------|--|-----------------------|
| OB/GYN                 | YES <sup>1982</sup>             | American Board of<br>OBSTETRICS & GYNECOLOGY | Not<br>required       |
|                        |                                 |  |                       |
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**PART III PROFESSIONAL ACTIVITIES**

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19. **Professional Licensure** Please list all states, territories, provinces, or foreign countries in which you have or have ever held medical licenses. Include instructional or training permits. Failure to disclose all licenses may result in disciplinary sanctions.

|    | Location (State, territory, etc.) | License Number | Date Issued | Current Status                 |
|----|-----------------------------------|----------------|-------------|--------------------------------|
| 1  | OREGON                            | 10994          | 1-13-78     | expired                        |
| 2  | CALIFORNIA                        | G35712         | 10-17-77    | Active                         |
| 3  | ALASKA                            | ?              | 1-18-02     | Active Local<br>PERMITS Permit |
| 4  |                                   |                |             |                                |
| 5  |                                   |                |             |                                |
| 6  |                                   |                |             |                                |
| 7  |                                   |                |             |                                |
| 8  |                                   |                |             |                                |
| 9  |                                   |                |             |                                |
| 10 |                                   |                |             |                                |
| 11 |                                   |                |             |                                |
| 12 |                                   |                |             |                                |

If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

20. Medical Societies and Professional Organizations

| Name of Organization                               | Address   | Date From/To - YYYY |
|--|---|---------------------|
| American College of Obstetricians & Gynecologists  | PO Box 96920<br>Washington, D.C. 20090-6920               | 3-31-84 to present  |
| American Association of Gynecologic Laparoscopists | 13071 E. FLORIANE Ave.<br>SANTA FE SPRINGS, CA 90670-4505 | 6-81 to present     |

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21. Hospital Affiliations

Have you ever held hospital privileges?

Yes

No

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If Yes, please list all hospitals in which you have been credentialed within the immediate past five years

|   | HOSPITAL                        | MAILING ADDRESS        | WHEN PRIVILEGED (MM/YYYY) |  |
|---|---------------------------------|------------------------|---------------------------|--|
|   |                                 |                        | From                      | To   |
| 1 | GOOD SAMARITAN HOSPITAL         | SAN JOSE, CA 95124     | 02/1995                   | 07/1997                                      |
| 2 | COMMUNITY HOSPITAL of LOS GATOS | LOS GATOS, CA 95030    | 02/1995                   | 07/1997                                      |
| 3 | ST. MARY MEDICAL CENTER         | Apple Valley, CA 92303 | 07/1997                   | 01/2002<br><i>Present (Leave of Absence)</i> |
| 4 | VICTOR VALLEY COMM. Hospital    | Victorville, CA 92352  | 07/1997                   | 01/2002<br><i>Present (Leave of Absence)</i> |
| 5 | BARSTOW COMM. HOSPITAL          | BARSTOW, CA 92311      | 05/2001                   | Present (Leave of Absence)                   |
| 6 |                                 |                        | From                      |  |
|   |                                 |                        | To                        |  |
| 7 |                                 |                        | From                      |  |
| 8 |                                 |                        | To                        |  |

If necessary, continue to list of a separate sheet of paper labeled with your name and signed by you.

**22. Medical Work History**

Please provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time. You may attach a detailed curriculum vitae as long as all information is included. Please explain any gap in time from practice of more than sixty (60) days' duration.

| Date<br>(MM/YYYY) |  | Location<br>(City, State, or Other Country) | Activity               |
|-------------------|--|---|------------------------|
| From              |  |   | PLEASE SEE ENCLOSED CV |
| To                |  |   |                        |

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If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

**23. Medical Malpractice History**

Have you ever had any claims of malpractice filed against you?

No

Yes

If Yes, please list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims for which no money was paid. Provide a brief description of each claim listed on a separate sheet of paper labeled with your name and signed by you.

Date of Occurrence (MM/YYYY)

Nature of Alleged Malpractice

Amount Paid

| Date of Occurrence (MM/YYYY) | Nature of Alleged Malpractice  | Amount Paid                        |
|------------------------------|--------------------------------|------------------------------------|
| 3-13-00                      | Wrongful Death of Unborn Child | 0.00                               |
| 10-25-99                     | Perforation of small bowel     | \$ 29,999 <sup>CS</sup>            |
| 4-1-98                       | Post-op vesico vaginal fistula | 17,000                             |
|                              |                                |                                    |
|                              |                                |                                    |
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|                              |                                | JUNEAU                             |

**SPECIAL INSTRUCTIONS FOR PARTS IV AND V**

In responding to the questions in Parts IV and V below, please check the appropriate box next to each question. A "Yes" response to a question does not automatically result in a denial of license application. **For each "Yes" response to any question, you must provide a separate, signed statement giving full details including dates, locations, type of action, organizations or parties involved, and specific circumstances.** When in doubt about your response, disclose and provide the explanation requested. Please answer parts A and B of each question.

**CONFIDENTIALITY**

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**PART IV DISCIPLINARY HISTORY**

**IMPORTANT! PLEASE READ BEFORE ANSWERING THE DISCIPLINARY HISTORY QUESTIONS.**

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Counseling, Concern, Warning, Caution, Admonishment, Reprimand, etc. If you are unsure about your response, please contact our office.

24a.  No  Yes  No Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?

24b.  No  Yes  No Is any such action pending?

DV

Continued on next page



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DIVISION OF OCCUPATIONAL LICENSING BUREAU

Part IV Disciplinary History Questions Continued

25a.  No  Yes Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?

25b.  No  Yes Is any such action pending?

26a.  No  Yes Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?

26b.  No  Yes Is any such action pending?

27a.  No  Yes Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?

27b.  No  Yes Is any such action pending?

28a.  No  Yes *NO DW* Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges (except for late medical records)?

28b.  No  Yes Is any such action pending? *SEE "NPDR ENTRY IN MY NAME" ON FILE WITH ALASKA STATE MEDICAL BOARD IN LUCA TENEZ PERMIT FILE.*

29a.  No  Yes Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction, or termination?

29b.  No  Yes Is any such action pending?

30a.  No  Yes Have you ever been disciplined by a medical school or post-graduate training program?

30b.  No  Yes Is any such action pending?

31a.  No  Yes Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?

31b.  No  Yes Is any such action pending? *"NPDR ENTRY IN MY NAME" WAS NON DISCIPLINARY*

32a.  No  Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?

32b.  No  Yes Is any such action pending? *"NPDR ENTRY IN MY NAME"*

Continued on next page

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DIVISION OF  
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## Part IV Disciplinary History Questions Continued

- 33a.  No  Yes Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?
- 33b.  No  Yes Is any such action pending?
- 34a.  No  Yes Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 34b.  No  Yes Is any such action pending?
- 35a.  No  Yes Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 35b.  No  Yes Is any such action pending?
- 36a.  No  Yes Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine? *.. NPDR ENTRY*
- 36b.  No  Yes Is any such action pending? *IN MY NAME"*

## PART V PERSONAL HISTORY

Please refer to Special Instructions on page 5. For the purposes of the questions in this section, the following phrases or words are defined:

**"Ability to Practice Medicine"** includes, but is not limited to, the cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; the ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids of devices, such as corrective lenses or hearing aids.

**"Medical Condition"** includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

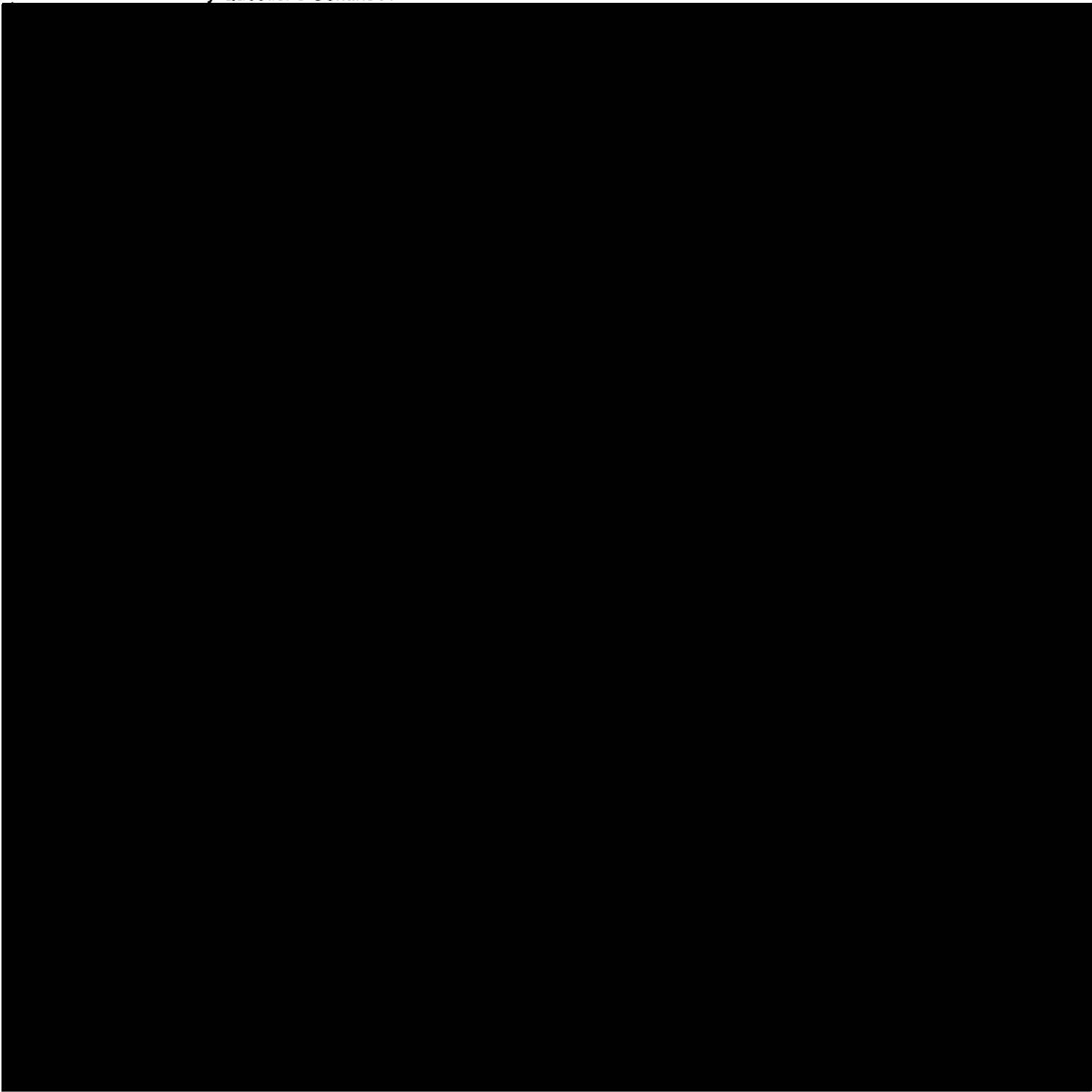
**"Chemical Substance(s)"** any natural or synthetic chemical substance, alcohol, drugs, or medications, including those chemical substances taken pursuant to a valid prescription for legitimate medical purpose and in accordance with the direction(s) of the prescribing physician, as well as those used illegally.

**"Controlled Substances"** means any substance as defined in either Alaska Statute 11.71.900 or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. Section 801 et seq. (Public Law 91-513) and any subsequent amendment(s).

**"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, "currently" means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant's ability to practice medicine in a competent manner.

**"Illegal Drug Use"** means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed physician who prescribed the controlled substance or dangerous drug.

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JAN 30 2002

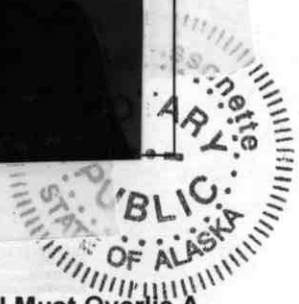
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**PART VI SWORN STATEMENT**

I hereby certify that the information contained in this application, pages 1 through 10 and all its attachments, is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph that appears below is a true likeness of myself taken within the past 60 days. I understand that any false information or falsification or credentials may result in the denial of a license or permit to practice medicine in the state of Alaska.

Applicant Signature Donald C. Wilson

Date 24 JAN 02



SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of ALASKA this 24<sup>th</sup> day of JANUARY, 2002.

Notary Signature [Handwritten Signature]

My commission expires: 04/26/2002

**NOTE: Notary Seal Must Overlie A Portion of the Photograph.**

**WARNING:** Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

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CURRICULUM VITAE

Name: Donald C. Willis, M.D. Ph.D. FACOG Birthdate: June 26, 1943  
Home Address: 20009 Shoshonee Road Home Phone: (760) 946-6039  
Apple Valley, CA 92307  
Marital Status: Divorced Home FAX: (760) 946-0149 (24-hr)  
Daughter: Megan (DOB 3-12-87)  
Education: Undergraduate Northwest Nazarene University, Nampa, Idaho  
B.A. 1965 Cum Laude  
Graduate University of Portland, Portland, OR  
Ph.D. 1970 Clinical Psychology  
Medical School Indiana University, Indianapolis  
M.D. 1976  
Internship Royal Jubilee Hospital, Victoria, B.C., Canada  
(Rotating) 1976-77  
Residency Stanford University, Palo Alto, CA  
(OB/GYN) 1977-80  
Certification: American Board of Obstetrics and Gynecology  
1982  
Positions Held: 1. Faculty, Indiana State University, Terre Haute, IN  
Psychology Dept. 1971-72  
(Medical School & Residency, 1972 to 1980)  
2. Group practice, OB/GYN, Kaiser Permanente,  
Portland, OR 7-80 to 7-94. Medical Staff--OB/GYN  
(Directed Level III perinatal center, 1981 to 1984)  
3. Moved to California, recovered from divorce,  
secured new position 7-94 to 2-95  
4. Private Practice OB/GYN 2-95 to 7-97  
Office: 15899 Los Gatos-Almaden Rd, #1  
Los Gatos, CA 95032  
Tel: (408) 356-2111  
Hospital Privileges  
Good Samaritan Hospital, San Jose, CA 95124  
Community Hospital, Los Gatos, CA 95030  
5. Private Practice, OB/GYN 7-97 to the present  
Office: 18182 Highway 18, Suite 101  
Apple Valley, CA 92307  
Tel: (760) 242-3539  
Hospital Privileges  
St. Mary Medical Cntr, Apple Valley, CA 92307  
Victor Valley Comm Hosp, Victorville, CA 92392  
Apple Valley Surgical Cntr, Apple Valley, CA 92307  
Licensure: California License # G35712  
Professional Organizations: Fellow, American College of Obstetricians and  
Gynecologists  
American Association of Gynecologic Laparoscopists  
American Society for Reproductive Medicine

Donald C. Willis, M.D., continued  
Offices and Committees:

Chairman, Perinatal Committee and Director, Level III  
Perinatal Center, Bess Kaiser Hospital  
Portland, OR 1981-1984. Member to 1994.

Member, Quality Review Committee, St. Mary Regional  
Medical Center, Apple Valley, CA. March, 1999,  
to 12-00.

Member, Maternal-Child Quality Review Comm., Victor  
Valley Comm. Hosp. Victorville, CA, June, 1999,  
to 12-00.

Publications:

Willis, Donald C., "The effect of self-hypnosis on reading  
rate and comprehension;" American Journal of  
Clinical Hypnosis, 1972, 14(4), 249-255.

Berde, C., Willis, D.C., Sandberg, E.C., "Pregnancy in  
Women with Pseudoxanthoma Elasticum;"  
Obstetrical and Gynecological Survey, 38(6), 339-  
344, 1983.

Nurse Midwife Program

Extensive Experience working with and supervising Nurse Midwives  
Clinical Co-Director, Nurse Midwife Program, Under contract with St. Mary Medical Center  
From 7-98 to 5-00.

Experience with operative laparoscopy includes:

Laparoscopic salpingectomy for ectopic pregnancy

Laparoscopic salpingo-oophorectomy

Laparoscopically-assisted vaginal hysterectomy (LAVH)

Laparoscopic neosalpingostomy

Laparoscopic LASER ablation of endometriosis ( CO2 and KTP LASERS)

Laparoscopic non-LASER resection of endometriosis.

Experience with operative hysteroscopy includes:

Hysteroscopic endometrial ablation with roller-ball electrocautery.

Hysteroscopic resection of submucous leiomyomata

Hysteroscopic recanalization of proximal fallopian tube (Novy technique)

Experience with infertility patients and their husbands is extensive, including reconstructive  
surgery via laparotomy and laparoscopy.

Experience with high risk obstetrics is extensive. Bess Kaiser Hospital, Portland, OR, where I  
spent 14 years, is a Level III perinatal center. St. Mary Regional Medical Center and Victor  
Valley Community Hospital, where I presently practice, are both Level II perinatal centers and  
have full-time neonatologists.

Experience with cancer patients is extensive both in the office & in the O.R. At Bess Kaiser  
Hospital, Portland, OR, we brought the Gyn oncologist in to our facility and scrubbed on the  
surgery together rather than sending the patient out to him at Univ of Oregon Medical School.  
Extensive experience evaluating patients and performing CA surgery throughout career.

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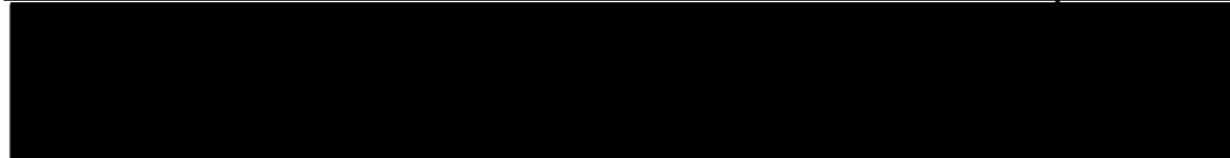
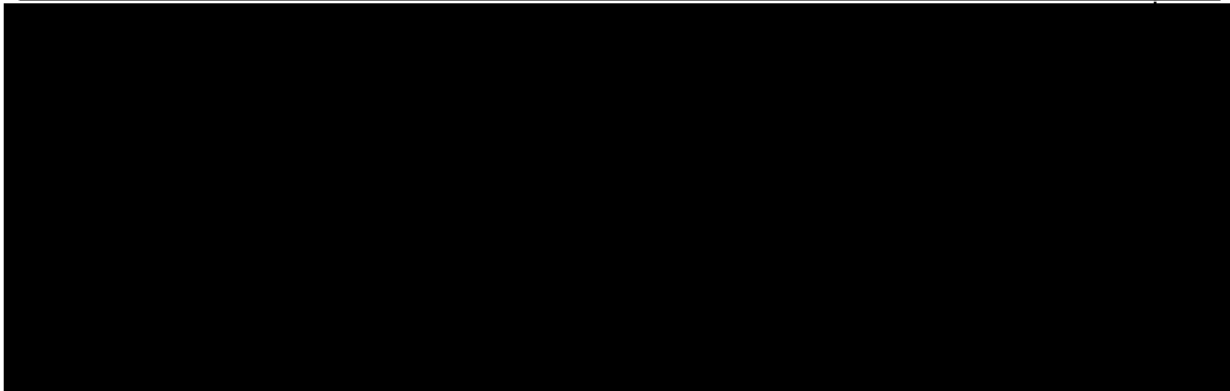
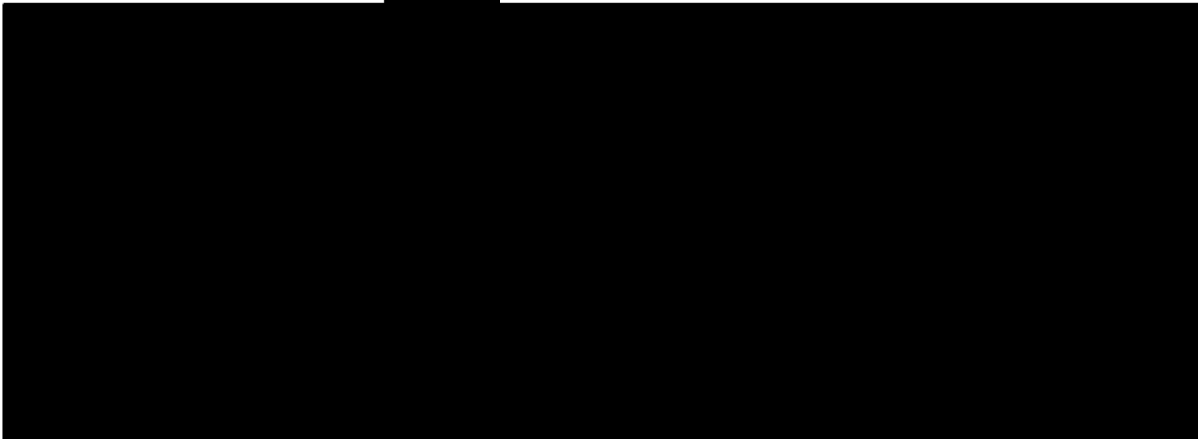
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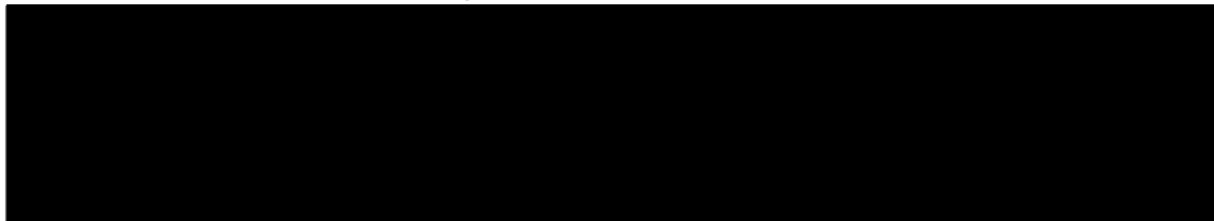
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JUNEAU

Donald C. Willis, M.D.  
Entry in My Name



I re-located to California shortly after the Board's decision to use a Voluntary Limitation. The Medical Board of California evaluated me in a hearing and decided that the Oregon action had no bearing on my California license.

The Medical Board of California then made a formal decision to leave my California Medical License unrestricted in any way. Therefore, my California License has never been restricted, nor have I been disciplined or placed on probation by the California Medical Board at any time.



My California License remains unrestricted, not limited, and not subjected to disciplinary action or probation.

*DW*  
Donald C. Willis, M.D.  
*Donald C. Willis*  
11-1-01



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JUNEAU  
9-23-01

DONALD C. WILLIS, M.D.  
MALPRACTICE CLAIM

Plaintiff: [REDACTED] parents of unborn child

Date of occurrence: 3-13-00 Allegation: Wrongful death of unborn child

Location of incident: Barstow Community Hospital, Barstow, CA

Additional Defendants: Dr. Viruch Vachirakorntong  
Barstow Community Hospital

This event occurred when I was on call for Dr. Viruch Vachirakorntong for his patients in Victorville-Apple Valley, where I live, and back-up call 30 miles away in Barstow.

During the evening of 3-13-00, I was attending patients at Victor Valley Community Hospital in Victorville. I received a page from the RN in Labor & Delivery at Barstow Community Hospital and was told that the fetal heart rate of [REDACTED] a patient of Dr. Vachirakorntong, indicated fetal distress. I gave instructions to prepare for an immediate cesarean birth and proceeded immediately by private car the 30 miles to Barstow. The nurses offered no explanation as to why they called me, the M.D. on back-up call, rather than calling the M.D. on first call for Dr. Vachirakorntong's Barstow patients.

When I arrived at Barstow Community Hospital, fetal heart sounds were not detected. I performed a stat cesarean birth and delivered a stillborn baby.

Status of Case as of 9-23-01 (Outcome unknown)

Defense attorney is in early stages of exploration but has stated her expectation that my exposure is low due to my status as back-up physician rather than primary physician.

*Donald C. Willis*

Donald C. Willis, M.D.

*Donald C. Willis*  
11-1-01

DONALD C. WILLIS, M.D.

MALPRACTICE CLAIM

Plaintiff: [REDACTED]

Date of Occurrence: 10-25-99

Allegation: Perforation of small bowel resulting in Wrongful Death

Location of Incident: Victor Valley Community Hospital, Victorville, CA  
Additional Defendants: Victor Valley Community Hospital and  
Dr. Vincent Ajanwachuku, general surgeon

TAH, BSO on a patient of 300 pounds, 5' 6", performed by me, Dr. Willis, on 10-25-99. Small bowel obstruction developed post-op due to wound dehiscence secondary to her obesity. General surgeon consulted on case and took patient back to OR to correct bowel obstruction. Patient arrested and died in PAR after surgery by general surgeon.

Allegation against me, Dr. Willis--Wrongful Death since I had performed her original surgery.

Allegation against Dr. Ajanwachuku--Wrongful Death due to delay in performing surgery to correct small bowel obstruction.

Outcome: I settled on 9-11-01 for \$29,999.99 (under the minimum reportable to the Medical Board of Calif.). Plaintiff accepted my offer of settlement since Expert Witnesses had determined in deposition that I had not perforated the small bowel or performed below the standard of care even though it was my surgery that resulted in the dehiscence that created the small bowel obstruction. General surgeon settled for \$80,000 and hospital settled for \$20,000.

*Donald C. Willis*

Donald C. Willis, M.D.

9-13-01

*Donald C. Willis*

11-1-01

**Donald C. Willis, M.D., F.A.C.O.G.**  
*Obstetrics, Gynecology, and Infertility*  
*Diplomate, American Board of Obstetrics & Gynecology*

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Patient name: [REDACTED]

Date of surgery: 4-1-98  
Carrier: PHICO

Background condition: Pelvic pain and pain with intercourse caused by symptomatic uterine myomas unresponsive to medical therapy

Surgical treatment which I rendered: Total abdominal hysterectomy

Complication: post-op vesico-vaginal fistula  
The occurrence was unrecognized during surgery since no operative complications were noted.

The patient came to my office during her post-op recovery and stated that she was observing slight flow of fluid from her vagina. I considered vesico-vaginal fistula but dismissed it as not probable. On exam in the office, I could see scant fluid and could not see where it was coming from. Thinking that it may be coming from the peritoneal cavity and then flowing into the vagina through the open vaginal cuff, I decided to laparoscope her. On laparoscopy, findings were negative though on vaginal exam under the same anesthesia I saw two tiny slits in the healed portion of the vaginal cuff which I oversewed. Thereafter she continued to leak and saw another OB/GYN physician who diagnosed the fistula.

Review of this case with my attorney indicated that I had been slow to make the diagnosis. We settled the case for \$12,000 in April, 2000.

*Donald C. Willis*  
Donald C. Willis, M.D.

*Donald C. Willis*

11-1-01



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806 Juneau AK 99811-0806  
(907) 465-2541  
E-mail: license@dced.state.ak.us

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**FEB 13 2002**  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

## AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, DONALD CLYDE WILLIS, residing at  
1101 COZIDUNA ST, Apt 129, ANCHORAGE, AK 99501-6510, hereby authorize the Alaska

(Please print full address)

Division of Occupational Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Occupational Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Donald C. Willis  
Signature of Applicant

2-10-02  
Date

907 277-4846  
Home Phone Number

Work Phone Number

6-26-43  
Date of Birth

[Redacted Social Security Number]



Endorsement of Certification

RECEIVED

FEB 19 2002

This document was prepared by

National Board of Medical Examiners® (NBME®)  
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-3592

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Recipient: Alaska State Medical Board  
PO Box 110806  
Juneau, AK 99811-0806

Date: 02/11/2002

Examinee: Donald Clyde Willis

Examinee ID: 3-171-287-0  
Date of Birth: 06/26/1943

NBME Certification Date: 06/15/1977

Certificate#: 171287

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

| Test Date  | Pass/Fail | Score Scale              |
|------------|-----------|--------------------------|
| 06/11/1974 | Pass      | Three-Digit<br>Two-Digit |

| Total Score (Min.Pass) | Individual Subject Scores |            |            |            |            |            |            |
|------------------------|---------------------------|------------|------------|------------|------------|------------|------------|
|                        | Anat                      | Phys       | Bioc       | Path       | Micr       | Phar       | Beh Sci    |
| [REDACTED]             | [REDACTED]                | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

NBME PART II

| Test Date  | Pass/Fail | Score Scale              |
|------------|-----------|--------------------------|
| 09/23/1975 | Pass      | Three-Digit<br>Two-Digit |

| Total Score (Min.Pass) | Individual Subject Scores |            |            |            |            |            |  |
|------------------------|---------------------------|------------|------------|------------|------------|------------|--|
|                        | Med                       | Surg       | ObGyn      | Prev       | Peds       | Psych      |  |
| [REDACTED]             | [REDACTED]                | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |  |

NBME PART III

| Test Date  | Pass/Fail | Score Scale              |
|------------|-----------|--------------------------|
| 03/09/1977 | Pass      | Three-Digit<br>Two-Digit |

| Total Score (Min.Pass) | Individual Subject Scores |
|------------------------|---------------------------|
|                        | [REDACTED]                |
| [REDACTED]             | [REDACTED]                |

Patent 5636874

069

1/13/17

TouchSafe®

## Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe<sup>®</sup> Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

**To Test for Authenticity:** Touch, rub or breathe on TouchSafe<sup>®</sup> Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

### INTERPRETATION OF SCORES

#### NBME Part I and Part II Examinations Prior to June 1991

*The most recent total test and subject scores are reported.* The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

#### NBME Part I and Part II Examinations June 1991 and Thereafter

*The most recent total test score is reported.* This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

#### All NBME Part III Examinations

*The most recent total test score is reported.* This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

#### Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

#### USMLE Step 1, Step 2 and Step 3

If applicable, this document will include a complete score history and notations of any USMLE examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

#### ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this document may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

**Indeterminate** - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this document, it may be obtained by contacting the NBME or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Incomplete** - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

**Irregular Behavior** - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this document, it may be obtained by contacting the NBME or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Score Not Available** - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

**Test Accommodations** - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

#### ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this document may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

#### BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on this document by a "Note".

# INDIANA UNIVERSITY

## School of Medicine

*(To all to whom these Presents may come, Greeting)*

*By vote of the Faculty and with the consent of the Board of Trustees, Indiana University hereby confers upon*

**Donald Clyde Willis**

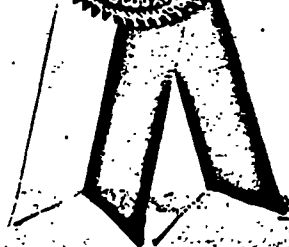
*who has complied with all the requirements of the University and has successfully completed the studies prescribed for graduation in the School of Medicine the degree of*

**Doctor of Medicine**

*with all the rights and privileges thereunto appertaining.*

*In Testimony Whereof, this Diploma is issued, sealed with the Seal of the University, signed by the President of the University, Vice President, and by the Dean of the School of Medicine, and attested by the Secretary of the Trustees.*

*Done at Indiana University - Purdue University at Indianapolis, Indiana  
this twenty-ninth day of February 1976.*



*Steven C. Bessing*  
Dean of the School of Medicine

*V. E. Farrell*  
Secretary of the Trustees

*John D. [Signature]*  
President

*Gloria D. Meyer*  
Notary Public

*I certify this to be a true and correct copy of the original document.*

*Gloria D. Meyer*

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OCCUPATIONAL LICENSING  
JUNEAU



GLORIA D. MEYER  
Commission # 1220463  
Notary Public - California  
San Bernardino County  
My Comm. Expires May 21, 2001



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
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 OCCUPATIONAL LICENSING  
 JUNEAU

## VERIFICATION OF MEDICAL/OSTEOPATHIC SCHOOL EDUCATION

### INSTRUCTIONS TO THE APPLICANT:

Type or print legibly. Complete the identification portion of this form below and send to the medical school from which you received your diploma.

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Full Name (Last, First, Middle) | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD                  | CLYDE                       | 06/26/1943                 |
| Mailing Address (Street)        | Place of Birth              |                            |
| 1101 CORDOVA ST, Apt. 129       | BERKELEY, CALIF<br>USA      |                            |
| City/State/Zip                  | Social Security Number      |                            |
| ANCHORAGE, AK 99501-6510        | [REDACTED]                  |                            |
| Signature of Applicant          | Date Signed                 |                            |
| Donald C Willis                 | 1-20-01                     |                            |

Applicant: Do not detach - do not write below this line.

### MEDICAL SCHOOL

Please complete the information below and return this document directly to the Alaska board at the letterhead address.

Full Medical School Name INDIANA UNIV. School of Medicine  
 Location 635 Barnhill Drive, Indianapolis, Indiana 46202  
 Exact Date on School Diploma 29 FEBRUARY 1976 96202.

During this physician's medical school education, was he/she ever investigated by the school or disciplined by the school for any reason? Disciplinary actions include but are not limited to being placed on probation, issued a letter of reprimand, censured, suspended, restricted, or otherwise disciplined.

No  Yes

If you responded "Yes" to this question, please provide a detailed explanation of the action and the reason for the action.

**ORIGINAL**

Signed Herbert E. Cushing

(SEAL, if Applicable)

Printed Name Herbert E. Cushing, M.D.

Title Associate Dean

Date February 8, 2002



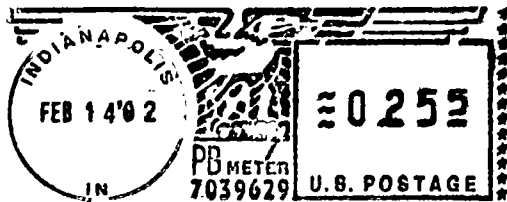
INDIANA UNIVERSITY



SCHOOL OF MEDICINE  
OFFICE OF THE DEAN  
MEDICAL STUDENT ACADEMIC AFFAIRS  
John D. VanNuys Medical Science Building 160  
635 Barnhill Drive  
Indianapolis, Indiana 46202-5120

REQUESTED

PRESORTED  
FIRST CLASS



Alaska State Medical Board  
Dept. of Community & Economic Dev.  
Div. of Occupational Licensing  
P. O. Box 110806  
Juneau, Alaska 99811-0806



# Royal Jubilee Hospital

Victoria, B.C.  
Diploma

This is to Certify that  
**D. C. Willis, M.D.**  
has satisfactorily completed a  
Junior Rotating Internship  
from June 15, 1976 to June 14, 1977  
in this hospital

In Witness Whereof the undersigned have affixed their signatures

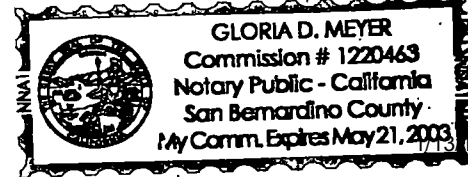
this 14<sup>th</sup> day of June 1977

  
\_\_\_\_\_  
PRESIDENT BOARD OF DIRECTORS

  
\_\_\_\_\_  
PROGRAM DIRECTOR



I certify this to be a true copy  
of the original document  
*Gloria D Meyer*



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DIVISION OF OCCUPATIONAL LICENSING JUNEAU

PGY

ALASKA STATE MEDICAL BOARD  
Dept of Community & Economic Development  
Division of Occupational Licensing  
P.O. Box 110808  
Juneau, AK 99811-0808  
U.S.A.

VERIFICATION OF POSTGRADUATE TRAINING

Willis, Donald Clyde  
1101 Cordova St., Apt 129  
Anchorage, Ak 99501-6510  
Medical School: Indiana Univ, year of graduation 1976

DOB 06/28/43  
Place of Birth--Berkeley, Calif., USA  
SS# [REDACTED]

Please complete the information below and return this document directly to the Alaska board at the letterhead address.

Verification for PG year 1  
Name of program--Rotating Internship  
Dates of training-- 15 June 76 through 15 June 77

1. At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education?

yes

no

*no - Accreditation committee of the Federal Medical Licensing Authority of Canada*

2. During the physician's participation in your program, was he ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.

no

yes

3. Is there anything in this physician's postgraduate training records that would indicate he would be unable to practice medicine competently and safely? If "Yes," please attach a detailed explanation.

no

yes

signature

*[Handwritten Signature]*

date

*12/2/02*

printed name

*D. J. STOCKDILL*

title

Site Director  
Victoria Site for Training  
UBC Department of Family Practice

seal if applicable  
This is exhibit referred to in the affidavit (or declaration) of DONALD WILLIS sworn (declared) before me this 12th day of February, 2002 at VICTORIA, B.C.  
*[Signature]*  
James B. Stockdill, M.D., C.C.F.P.  
A Commissioner for Taking Affidavit for British Columbia



# Capital Health Region

Building Partnerships for Better Health

Eric Martin Pavilion  
2334 Trent Street, Victoria, B.C. V8R 4Z3

Capital Health Region  
2101 Richmond Ave  
Victoria BC V8R 4R4



Alaska State Medical Board  
Dept. of Community & Economic Development  
Division of Occupational Licensing  
Box 110806  
Juneau, AK 99811-0806  
USA



# Stanford University Medical Center

STANFORD UNIVERSITY HOSPITAL / STANFORD UNIVERSITY SCHOOL OF MEDICINE



THIS IS TO CERTIFY THAT

Donald Clyde Willis, M.D., Ph.D.

HAS SERVED AS

Resident in Gynecology and Obstetrics, July 1, 1977 - June 30, 1980  
Chief Resident in Gynecology and Obstetrics, July 1, 1979 - June 30, 1980

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JINEAU

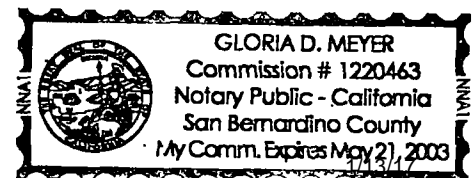


*[Signature]*  
Physician-in-Chief

*[Signature]*  
Director of Hospital

*[Signature]*  
Dean of the School of Medicine

I certify this to be a true copy  
of the original document  
*[Signature]*





# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
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 JUNEAU

### VERIFICATION OF POSTGRADUATE TRAINING

#### INSTRUCTIONS TO THE APPLICANT:

Type or print legibly. Complete the identification portion of this form below and send to the post-graduate training program(s) you attended. NOTE: At least two years of postgraduate training must be verified if the physician graduated from medical school on or after January 1, 1995. Three years of postgraduate training must be verified for international medical school graduates.

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| Full Name (Last, First, Middle)<br><b>WILLIS DONALD CLYDE</b>  |                                   | Maiden or Other Names Used:                      | Date of Birth (MM/DD/YYYY)<br><b>06/26/1943</b> |
| Mailing Address (Street)<br><b>1101 CORDOVA ST. Apt 125</b>  |                                   | Place of Birth<br><b>BERKELEY, CALIF<br/>USA</b> |   |
| City/State/Zip<br><b>ANCHORAGE, AK 99501-6510</b>  |                                   | Social Security Number<br><b>[REDACTED]</b>      |   |
| Medical/Osteopathic School (Name and Location)<br><b>INDIANA UNIV Dept. OB/GYN<br/>STANFORD, INV 54305</b> | Year of Graduation<br><b>1980</b> | If International Grad., ECFMG No.                |   |

Applicant: Do not detach - do not write below this line.

#### POSTGRADUATE TRAINING PROGRAM

Please complete the information requested below and return this document directly to the Alaska board at the letterhead address.

Verification for: PG Year 1  PG Year 2  PG Year 3  PG Year 4  PG Year 5

Name of Postgraduate Program OB GYN Residency Training Program  
 Exact Dates of Training 7-1-77 through 6-30-80

- At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education?  
 Yes  No
- During the physician's participation in your program, was he/she ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.  
 No  Yes
- Is there anything in this physician's postgraduate training records that would indicate he/she would be unable to practice medicine competently and safely? If "Yes", please attach a detailed explanation.  
 No  Yes

Jackie Signor  
 Signature  
Jackie Signor  
 Printed Name

1/31/02  
 Date  
Residency Administrator  
 Title

(SEAL, If Applicable)



# Oregon

John A. Kitzhaber, M.D., Governor

## Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5826

(503) 229-5770

FAX (503) 229-6543

www.bme.state.or.us

December 4, 2001

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DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Joanie Stude  
Alaska State Medical Board  
PO Box 110806  
Juneau, AK 99811

**Re: DONALD CLYDE WILLIS, MD**  
**License #: MD10994**

This is in response to your inquiry about the standing of the above-named licensee. Enclosed are copies of the legal orders checked below, pursuant to ORS 677.425.

- Voluntary Limitation, 8/18/94

Kathleen Haley  
Executive Director

Carol Hallberg  
Investigations Secretary

Encl.



BEFORE THE BOARD OF MEDICAL EXAMINERS STATE OF OREGON

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In the Matter of: )  
DONALD WILLIS, M.D., ) VOLUNTARY LIMITATION  
LICENSE NO. MD10994. )  
\_\_\_\_\_ )

Donald Willis, M.D. is a physician licensed to practice medicine in the State of Oregon. Pursuant to the provisions of ORS 677.410, Dr. Willis requests that the Board of Medical Examiners (Board) impose the following conditions on his license to practice medicine in the State of Oregon:

- (1) Dr. Willis will practice medicine only in a supervised setting approved by the Board in advance.
- (2) Dr. Willis must undergo a neuropsychological examination at his expense to be reported to the Board of Medical Examiners beginning in July 1996 and continuing every two years thereafter, or sooner if deemed appropriate by the Board.
- (3) Dr. Willis will arrange to have written reports from the Chief of Staff of his approved supervised setting, and his treating psychiatrist, to be sent to the Board at each of its quarterly meetings beginning in October 1994.

Dr. Willis understands and agrees that this voluntary limitation is subject to approval by the full Board. If Dr. Willis fails to abide by the conditions imposed herein, he understands and agrees that the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning the license of Dr. Willis. Dr. Willis also



7

1 understands that, if this voluntary limitation is accepted by the  
 2 Board, it will be a reportable license limitation to the National  
 3 Practitioner Data Bank. This voluntary limitation also will be  
 4 reportable to any hospital or other institutional health care  
 5 provider at which Dr. Willis intends to practice, the Federation  
 6 of State Medical Boards, and, if requested by any person,  
 7 reportable as a public record.

8 IT IS SO STIPULATED this 9 day of Aug., 1994.

9  
 10 Donald Willis  
 11 Donald Willis, M.D.

12 IT IS SO ACCEPTED this 18th day of August, 1994.

13  
 14 Terry Connor  
 15 Terry Connor, D.O., Chairman  
 16 Board of Medical Examiners  
 17 State of Oregon

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 26 PJS:cfs:ros/JGG09EAE

1 understands that, if this voluntary limitation is accepted by the  
2 Board, it will be a reportable license limitation to the National  
3 Practitioner Data Bank. This voluntary limitation also will be  
4 reportable to any hospital or other institutional health care  
5 provider at which Dr. Willis intends to practice, the Federation  
6 of State Medical Boards, and, if requested by any person,  
7 reportable as a public record.

8 IT IS SO STIPULATED this 9 day of Aug., 1994.

9  
10 Donald Willis  
11 Donald Willis, M.D.

12 IT IS SO ACCEPTED this 18th day of AUGUST, 1994.

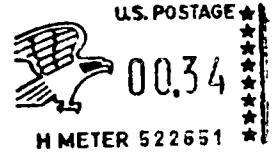
13  
14 Terry Connor  
15 Terry Connor, D.O., Chairman  
16 Board of Medical Examiners  
17 State of Oregon  
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**Oregon**

**BOARD OF  
MEDICAL EXAMINERS**

620 Crown Plaza  
1500 SW First Avenue  
Portland, OR 97201-5826



Joanie Stude  
Alaska State Medical Board  
PO Box 110806  
Juneau, AK 99811

**PERSONAL and CONFIDENTIAL**

083

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1/13/17



## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM  
 1428 HOWE AVE, SUITE 56  
 SACRAMENTO CA 95825-3236  
 TELEPHONE: (916) 263-2382  
 FAX: (916) 263-2944



www.medbd.ca.gov

November 21, 2001

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 DIVISION OF OCCUPATIONAL LICENSING  
 PO BOX 110806  
 JUNEAU AK 99811-0806

RECEIVED  
 NOV 30 2001  
 DIVISION OF  
 OCCUPATIONAL LICENSING  
 JUNEAU

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: DONALD CLYDE WILLIS  
 License No.: G 35712  
 Issued: October 17, 1977  
 Exam Type: A written examination  
 Expiration Date: June 30, 2003  
 Status: Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

  
 Lucinda James  
 Acting Chief, Division of Licensing

ORIGINAL

SEAL



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
 (907) 465-2541  
 E-mail: license@dced.state.ak.us

Office Use Only

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 DIVISION OF

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 01 NOV 19

## VERIFICATION OF LICENSURE - PHYSICIAN

### Instructions to the Applicant:

Please complete the top portion of this form and forward it to all states, territories, or other countries' licensing jurisdictions where you have ever been licensed. Copy this form as needed.

01806

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Full Name (Last, First, Middle) | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD CLYDE            |                             | 06-26-1943                 |
| Mailing Address (Street)        |                             | Place of Birth             |
| 2009 SHOSHONE RD                |                             | BERKELEY, CA USA           |
| City/State/Zip                  |                             | Social Security Number     |
| APPLE VALLEY, CA 92307          |                             | [REDACTED]                 |
| Signature of Applicant          |                             | Expiration Date            |
| Donald C Willis                 |                             | 10-29-01                   |

Applicant: Do not detach - do not write below this line.

### Instructions to the Licensing Agency:

Please provide the information requested below for the physician identified above and return this document directly to the Alaska State Medical Board.

|  |            |                        |            |
|--|------------|------------------------|------------|
| STATE                                  | CALIFORNIA | LICENSE NUMBER         | G35712     |
| INITIAL ISSUE DATE                     | 10-17-77   | EXPIRATION DATE        | 06/30/2003 |
| BASIS OF LICENSURE (FLEX, USMLE, etc.) |            | CURRENT LICENSE STATUS | Active     |

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction?  No  Yes
- Is any such investigation pending?  No  Yes
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction?  No  Yes
- Is any such action pending?  No  Yes
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, or in any other manner (including being placed on probation) limited by a licensing or disciplinary authority in your state?  No  Yes
- To your knowledge, is there any derogatory information regarding this applicant?  No  Yes

(Board Seal)

Signed by

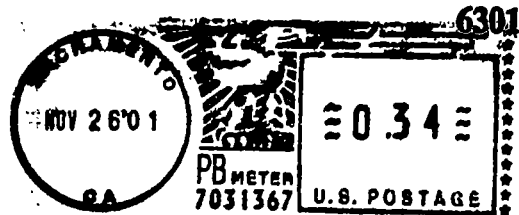
Date

Printed Name

Title



MEDICAL BOARD OF CALIFORNIA  
1426 HOWE AVENUE, SUITE 54  
SACRAMENTO, CA 95825-3236



086

99811%0806



1/13/17



|               |             |               |               |               |   |      |       |      |
|---------------|-------------|---------------|---------------|---------------|---|------|-------|------|
| Old Licenses  | History     | Rosters       | New License   | Query         | < | Save | Clear | Exit |
| Board Members | Malpractice | Cross Ref Lic | Print License | Query By Name | > |      |       |      |

IS A PHYSICIAN \_\_\_\_\_ WHO HOLDS A LOCUM TENENS PERMIT \_\_\_\_\_

|                    |     |   |      |        |    |         |                    |   |
|--------------------|-----|---|------|--------|----|---------|--------------------|---|
| Board/Type/License | MED | L | 2091 | Status | AA | LICENSE | Malpractice Count: | 5 |
|--------------------|-----|---|------|--------|----|---------|--------------------|---|

|  |                     |       |        |                |       |     |                                  |     |            |     |   |
|--|---------------------|-------|--------|----------------|-------|-----|----------------------------------|-----|------------|-----|---|
| Last Name                                | WILLIS              | First | DONALD | Mid            | CLYDE | Suf |                                  | SSN | [REDACTED] |     |   |
| <input type="checkbox"/> Foreign Address |                     |       |        |                |       |     |                                  | DOB | 06/26/1943 | Sex | M |
| Addr1                                    | 2009 SHOSHONEE ROAD |       |        |                |       |     | Medical School                   |     |            |     |   |
| Addr2                                    |                     |       |        |                |       |     | INDIANA UNIVERSITY SCHOOL OF MED |     |            |     |   |
| City/St/Zip                              | APPLE VALLEY        | CA    | 92307  | Year Graduated | 1976  |     |                                  |     |            |     |   |

| First Issue | Current Issue | Expiration |
|-------------|---------------|------------|
| 01/22/2002  | 01/22/2002    | 03/23/2002 |

|  |                                       |   |             |
|--|---------------------------------------|---|-------------|
| <input checked="" type="radio"/> License by  | <input type="checkbox"/> Do Not Issue | Print Code                              | JA2202      |
| <input checked="" type="radio"/> Credentials | <input type="checkbox"/> CSED         | <input type="checkbox"/> NSF            | Initials SZ |
| <input type="radio"/> Examination            | <input type="checkbox"/> School       | <input type="checkbox"/> Audited        |             |
| <input type="radio"/> Other                  | <input type="checkbox"/> Other        | <input type="checkbox"/> License Action |             |
| <input type="radio"/> Null                   | <input type="checkbox"/> Flag History | <input type="checkbox"/> Accusation     |             |

|                           |               |
|---------------------------|---------------|
| Specialties               | <u>delete</u> |
| OBSTETRICS AND GYNECOLOGY |               |
| Comments                  |               |

|                                      |
|--------------------------------------|
| Print Lines (limit 3 lines)          |
| LOCUM TENENS FOR MICHAEL O'BRIEN, MD |



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
 A - K: 907/465-2756 L - Z: 907/465-2541  
 E-mail: license@dced.state.ak.us

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**RECEIVED**  
**JAN 30 2002**  
 DIVISION OF  
 OCCUPATIONAL LICENSING  
 JUNEAU

## LIST OF HOSPITALS WHERE PRIVILEGED

**INSTRUCTIONS TO THE APPLICANT:** Type or print legibly. List below all hospitals where you currently hold or have held privileges in the last five years. If you have not held privileges within the past five years or never held privileges, please write "None" on this form, sign it, and submit this form as part of your application. Please include residency privileges if appropriate.

| HOSPITAL                                   | MAILING ADDRESS        | WHEN PRIVILEGED<br>(MM/YYYY) |                            |
|--|------------------------|------------------------------|----------------------------|
|  |                        | From                         | To                         |
| 2/13<br>GOOD SAMARITAN<br>HOSPITAL         | SAN JOSE, CA 95124     | 07/1995                      | 07/1997                    |
| 2/11<br>COMMUNITY HOSPITAL<br>OF LOS GATOS | LOS GATOS, CA 95030    | 07/1995                      | 07/1997                    |
| 2/18<br>ST. MARY<br>MEDICAL CENTER         | APPLE VALLEY, CA 92307 | 07/1997                      | Present (Leave of Absence) |
| 2/12<br>VICTOR VALLEY<br>COMM. HOSPITAL    | VICTORVILLE, CA 92392  | 07/1997                      | Present (Leave of Absence) |
| 2/14<br>BARSTOW COMM<br>HOSPITAL           | BARSTOW, CA 92311      | 05/2001                      | Present (Leave of Absence) |
|  |                        | From                         |                            |
|  |                        | To                           |                            |

I certify that listed above are all hospitals where I hold or have held privileges in the past five years. I understand it is my responsibility to request these hospitals submit a letter to the board to complete my application for licensure. I certify under penalty of unsworn falsification that the above information is true and correct.

Signature

Donald C Wallin

Date

1-20-02

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.





RECEIVED  
MAR 13 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

March 7, 2002

State of Alaska  
Department of Community & Economic Development  
Division of Occupational Licensing  
PO Box 110806  
Juneau, AK 99811-0806

ATTN: Sher Zinn, Licensing Examiner  
State Medical Board

RE: Donald C. Willis, MD

To Whom it May Concern:

We are providing the following information in response to your inquiry on the above named practitioner. Due to the high volume of these requests this is the extent of the information that can be provided. The practitioner's association with Good Samaritan/Mission Oaks Hospital is shown below.

Dept/Div: Obstetrics & Gynecology

Status: Provisional/Resigned

From: 08/20/96

To: 10/22/97

Please note that the Active Staff category at this facility can be maintained through involvement in medical staff functions without clinical activity. If the member's status is noted as "Active Staff," you may wish to clarify this with the applicant.

Qualifications for membership include review of a physical and mental health statement, general conduct, ethics and current clinical competence.

We know of no reason why this practitioner should not be given a favorable consideration at your facility.

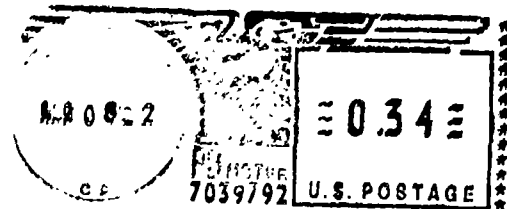
Sincerely,

Kate DeSalvo, CMSC  
Manager, Medical Staff Services

# Good Samaritan Hospital

2425 SAMARITAN DRIVE  
PO BOX 240002  
SAN JOSE CA 95154-2402

RETURN OF MAIL  
REQUESTED



090

AAHNNMB 99B11



1/13/17



**COMMUNITY HOSPITAL  
OF LOS GATOS**

Tenet HealthSystem

**RECEIVED  
FEB 01 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU**

January 28, 2002

Alaska State Medical Board  
Division of Occupational Licensing  
333 Willoughby Ave. - Ninth Floor/P.O.BOX 110806  
Juneau, AK 99811-0806

Re: Donald C. Willis, M.D.  
Primary Department: Obstetrics & Gynecology

Dear :

In response to your recent request, we are able to supply the following information regarding the above-named practitioner.

Donald C. Willis, M.D. joined the staff of our facility on September 19, 1996 and left on 11/09/1997. Donald C. Willis, M.D. was a member in good standing of our Resigned staff, specializing in Obstetrics/Gynecology. We are not aware of any reason for not granting the privileges that this practitioner is requesting.

Sincerely,

A handwritten signature in cursive script, appearing to read 'C.C.'.

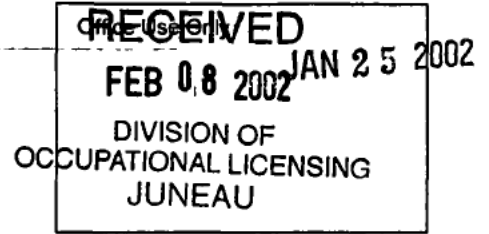
Carolee Crane, C.M.S.C.  
Manager, Medical Staff Service

P.response.rpt



# ALASKA STATE MEDICAL BOARD

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 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
 A - K: 907/465-2756 L - Z: 907/465-2541  
 E-mail: license@dced.state.ak.us



## VERIFICATION OF HOSPITAL PRIVILEGES

**INSTRUCTIONS TO THE APPLICANT:** Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Full Name (Last, First, Middle) | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD                  | CLYDE                       | 06-26-1943                 |
| Mailing Address (Street)        | Place of Birth              |                            |
| 1107 COPPOVA ST, Apt 129        | BERKELEY, CALIF             |                            |
| City/State/Zip                  | Social Security Number      |                            |
| ANCHORAGE, AK 99501-6510        | [REDACTED]                  |                            |
| Signature of Applicant          | Date of Signature           |                            |
| Donald C. Willis                | 1-21-02                     |                            |

**Applicant: Do not detach - do not write below this line.**

Below to be completed by Hospital Staff Only.

**To the Hospital:** I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- Dates of Hospital Privileges: From 9/24/97 To Present
- Has your hospital ever taken any disciplinary action against this physician?  No  Yes
- Are any disciplinary actions pending against this physician?  No  Yes
- Is there any derogatory information on file regarding this physician?  No  Yes
- Is there any reason you would not readmit this physician to your medical staff?  No  Yes

If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital St. Mary Medical Center

Mailing Address 18300 Highway 18

City/State/Zip Apple Valley, CA 92307

Signature [Signature] Printed Name Harbans Singh, M.D.

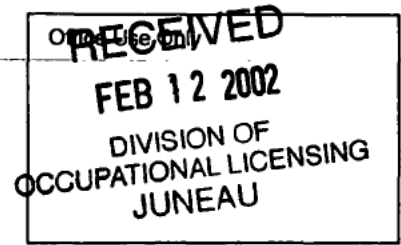
Title Chief of Staff Date February 1, 2002

Telephone \_\_\_\_\_



# ALASKA STATE MEDICAL BOARD

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## VERIFICATION OF HOSPITAL PRIVILEGES

**INSTRUCTIONS TO THE APPLICANT:** Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Full Name (Last, First, Middle) | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD                  | CLYDE                       | 06-26-1947                 |
| Mailing Address (Street)        | Place of Birth              |                            |
| 1101 CORDOVA ST, Apt 129        | BERKELEY, CALIF             |                            |
| City/State/Zip                  | Social Security Number      |                            |
| ANCHORAGE, AK 99501-6510        | [REDACTED]                  |                            |
| Signature of Applicant          |                             |                            |
| Donald C. Willis                | 1-21-02                     |                            |

**Applicant: Do not detach - do not write below this line.**

### Below to be completed by Hospital Staff Only.

**To the Hospital:** I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- Dates of Hospital Privileges: From 5/27/98 To Present
- Has your hospital ever taken any disciplinary action against this physician?  No  Yes
- Are any disciplinary actions pending against this physician?  No  Yes
- Is there any derogatory information on file regarding this physician?  No  Yes
- Is there any reason you would not readmit this physician to your medical staff?  No  Yes

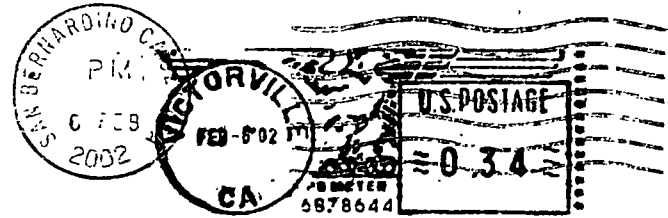
If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital: Victor Valley Community Hospital  
 Mailing Address: 15248 Eleventh St.  
 City/State/Zip: Victorville, CA 92345

Signature: Denise Soresi Printed Name: Denise Soresi  
 Title: Medical Staff Coordinator Date: 1/29/02  
 Telephone: 760/245-8691 x4156



15248 Eleventh Street  
Victorville, CA 92392



FORWARDING SERVICE REQUESTED

Alaska State Medical Board  
Department of Community and Economic  
Development Division of Occupational  
Licensing  
Post Office Box 110806  
Juneau, AK 99811-0806

094

99811-0806



1/13/17



**ALASKA STATE MEDICAL BOARD**  
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 JUNEAU

## VERIFICATION OF HOSPITAL PRIVILEGES

**INSTRUCTIONS TO THE APPLICANT:** Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

|  |                             |   |
|--|-----------------------------|---|
| Full Name (Last, First, Middle)<br><b>WILLIS, DONALD CLYDE</b> | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY)<br><b>06-26-1943</b> |
| Mailing Address (Street)<br><b>1101 CORDOVA ST. Apt 129</b>    |                             | Place of Birth<br><b>BERKELEY, CALIF</b>        |
| City/State/Zip<br><b>ANCHORAGE, AK 99501-6510</b>              |                             | Social Security Number<br>[REDACTED]            |
| Signature of Applicant<br><i>Donald C. Willis</i>              |                             | Date of Signature<br><b>1-21-02</b>             |

**Applicant: Do not detach - do not write below this line.**

Below to be completed by Hospital Staff Only.

**To the Hospital:** I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- 1 Dates of Hospital Privileges: From 8/2/01 To Present
- 2 Has your hospital ever taken any disciplinary action against this physician?  No  Yes
- 3 Are any disciplinary actions pending against this physician?  No  Yes
- 4 Is there any derogatory information on file regarding this physician?  No  Yes
- 5 Is there any reason you would not readmit this physician to your medical staff?  No  Yes

If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital Barstow Community Hospital

Mailing Address 555 S. 7th Ave.

City/State/Zip Barstow, CA 92311

Signature *Deede Crigler* Printed Name Deede Crigler

Title MSC Date 1/28/02

Telephone 760-256-1761

**BARSTOW  
COMMUNITY  
HOSPITAL**

*Quality Care . . . Close to Home*

RECEIVED  
FEB 04 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

January 28, 2002

Alaska State Medical Board  
Attn: Medical Staff Services  
PO Box 110806  
Juneau, AK 99811-0806

Re: **Donald C. Willis, M.D.**

Membership on the Medical Staff of Barstow Community Hospital is contingent upon satisfactory clinical competence and health status, compliance with Medical Staff Bylaws, Rules and Regulations and satisfactory participation in the duties and responsibilities of the Medical Staff as assigned.

The above-named practitioner is/was a member in good standing of Barstow Community Hospital Medical Staff.

Affiliation Dates: **08/02/01 to Present**

Staff Status: **Provisional**

Department: **Surgery**

Specialty: **OB/GYN**

We know of no reason why this practitioner should not be given favorable consideration.

Sincerely,

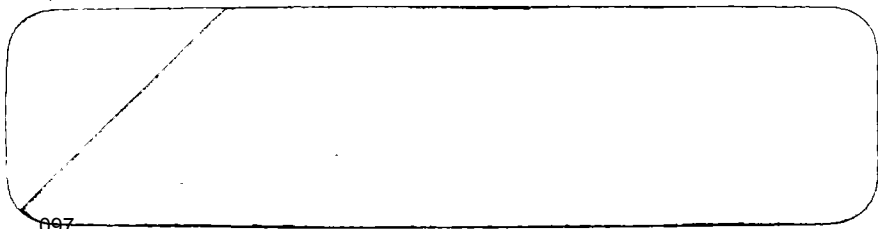


DeeDe Crigler  
Medical Staff Coordinator  
(760) 957-3236



**BARSTOW  
COMMUNITY  
HOSPITAL**

555 S. Seventh Ave.  
Barstow, CA 92311



097

1/13/17





# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806 Juneau AK 99811-0806  
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E-mail: license@dced.state.ak.us

Office **RECEIVED**  
**FEB 01 2002**  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

## VERIFICATION OF STATUS OF DEA REGISTRATION

**Instructions to the Applicant:** Type or print legibly. Complete the identifying information below and forward this form to:

Drug Enforcement Administration  
Attn: Diversion Unit  
400 Second Avenue West  
Seattle, WA 98119-4013

|                                       |                     |
|---------------------------------------|---------------------|
| NAME OF PHYSICIAN—Last, First, Middle | WILLIS DONALD CLYDE |
| DATE OF BIRTH - MM/DD/YYYY            | 06/26/1943          |
| DEA REGISTRATION NUMBER               | BW 4227131          |
| ADDRESS WHERE DEA REGISTERED          | 18182 Hwy 1A #101   |

Signature of Applicant Donald C Willis

Date 1-20-02

(Applicant: Do not detach - do not write below this line.)

Below to be completed by DEA Staff Only.

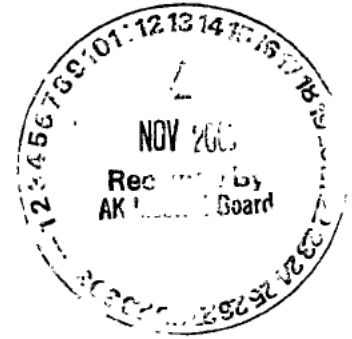
**Instructions to the DEA staff:** Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the State Medical Board at the letterhead address.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For DEA Use Only**  
The files of this office contain  
no derogatory information  
relative to the above subject.  
D.E.A.

**The Federation of State Medical Boards  
of the United States, Inc.**

Federation Place  
400 Fuller Wiser Road, Suite 300  
Eules, Texas 76039-3855  
Telephone: (817) 868-4000  
FAX (817) 868-4099



November 7, 2001

Alaska State Medical Board  
Attn: Leslie Abel  
3601 C Street - Suite 722  
Anchorage, AK 99503

**RECEIVED**  
**NOV 15 2001**  
**DIVISION OF**  
**OCCUPATIONAL LICENSING**  
**JUNEAU**

Re: Donald Clyde Willis, MD

In response to your recent inquiry concerning the above referenced physician, the following summary of the reported information is provided.

**Physician Identification:**

Name: **Donald Clyde Willis, MD**  
DOB: **06/26/1943**  
SSN: **[REDACTED]**  
Medical School: **Indiana Univ Indianapolis  
Indianapolis, Indiana USA**  
Year of Grad: **1976**

---

**SUMMARY OF REPORTED ACTIONS**

---

Reporting State/Agency: **OREGON**  
Date Of Order: **08/18/1994**  
Form of Order: **Agreement**

Action(s): **RESTRICTED TO A SUPERVISED SETTING**

Additional Detail: **Voluntary limitation: shall practice medicine only in a supervised setting approved by the Board in advance.**

**REQUIRED TO SUBMIT TO MENTAL/PHYSICAL EXAMINATION**

Basis for Action(s): **Undetermined**

---

**LICENSE HISTORY**

| <u>State Board</u> | <u>License Number</u> |
|--------------------|-----------------------|
| CALIFORNIA         | G-00035712            |
| OREGON             | MD10994               |

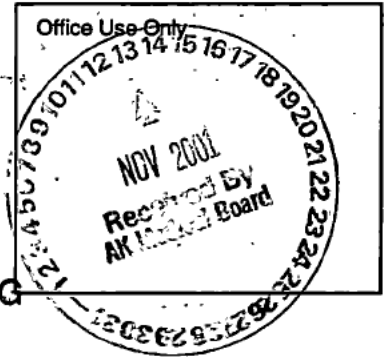
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PLEASE NOTE: For more information regarding the above information, please contact the reporting state board or reporting agency. The information contained in this report was supplied voluntarily by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy of such information and assumes no responsibility for any errors or omissions contained therein.



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806, Juneau Alaska 99811-0806  
(907) 465-2541  
E-Mail: license@dced.state.ak.us



RECEIVED  
NOV 15 2001  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

## PHYSICIAN BOARD ACTION DATA BANK INQUIRY

**Instructions to the Applicant:** Please complete the information below. Type or print legibly. MAIL THIS REQUEST FORM TO:

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.  
Federation Place  
400 Fuller Wisser Road  
Eules TX 76039  
(817) 868-4000

|  |                             |                                   |
|--|-----------------------------|-----------------------------------|
| Full Name (Last, First, Middle)                | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY)        |
| WILLIS, DONALD CLYDE                           |                             | 06-26-1943                        |
| Mailing Address (Street)                       |                             | Place of Birth                    |
| 2009 SHOSHONEE Road                            |                             | BERKELEY, CA USA                  |
| City/State/Zip                                 |                             |                                   |
| APPLE VALLEY, CA 92307                         |                             |                                   |
| Medical/Osteopathic School (Name and Location) | Year of Graduation          | If International Grad., ECFMG No. |
| INDIANA UNIV<br>INDIANAPOLIS, IN USA           | 1976                        |                                   |

(Applicant - Do Not Write Below This Line - Do Not Detach.)

**Instructions to the Data Bank Staff:** Please search the data bank for any record of this practitioner. Please forward your report to the medical board at the letterhead address.

**FOR FEDERATION USE ONLY**

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>

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FEB 07 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU



## AMA Physician Profile

National Board of Medical Examiners (NBME) Certification Year: MD: 1977

| License(s):<br>State   | MD/<br>DO | Date<br>Granted | Expiration<br>Date | Status   | License<br>Type | Last<br>Reported |
|--|-----------|-----------------|--------------------|----------|-----------------|------------------|
| ✓ OREGON   | MD*       | 01/13/1978      | 12/31/1997         | INACTIVE | UNLIMITED       | 06/30/2001       |
| * Please contact the state board. More information may be available. |           |                 |                    |          |                 |                  |
| ✓ CALIFORNIA   | MD        | 10/17/1977      | 06/30/2003         | ACTIVE   | UNLIMITED       | 11/01/2001       |

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

### ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

### Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 11/06/2001.  
DEA REGISTRATION IS VALID THROUGH 05/31/2003.

Note: Many states require their own controlled substances registration/license.  
Please check with your state licensing authority as the AMA does not maintain this information.

### Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS AND GYNECOLOGY

Certificate Type: GENERAL

Effective: 01/01/1982 Expiration: NONE REPORTED TO DATE Last Reported: 09/30/2001 INITIAL

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

AMA Files Checked 2/1/02 10:59:07

Profile for: Donald Clyde Willis MD

Page 2 of 3

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AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



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OCCUPATIONAL LICENSING  
JUNEAU

## AMA Physician Profile

\*\*

**Name and Mailing Address:**

**Primary Office Address:**

✓ DONALD CLYDE WILLIS MD  
16347 KAMANA RD  
APPLE VALLEY CA 92307-1332

SAME AS MAILING ADDRESS

**Phone:** UNKNOWN

✓ **Birthdate:** 06/26/1943

✓ **Birthplace:** BERKELEY, CA UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** OFFICE BASED PRACTICE

**Practice Specialties Self Designated by the Physician:**

✓ **Primary Specialty:** OBSTETRIC & GYNECOLOGY

**Secondary Specialty:** UNSPECIFIED

**AMA membership:** NON MEMBER

————— **Following Data Provided by the Primary Sources** —————

**Medical School:**

✓ IN UNIV SCH OF MED, INDIANAPOLIS IN 46202 (VERIFIED)

**Reported Year of Graduation:** 1976 (VERIFIED)

**Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

✓ **Institution:** ROYAL JUBILEE HOSP  
**Specialty :** FLEXIBLE OR TRANSITIONAL

**State:**  
07/1976 - 06/1977  
(VERIFIED)

✓ **Institution:** STANFORD UNIV HOSP  
**Specialty :** OBSTETRIC & GYNECOLOGY

**State:** CALIFORNIA  
07/1977 - 06/1980  
(VERIFIED)

**Note:** Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program director(s). If additional information is required, please contact the program director(s).

AMA Physician Profile (continued)

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## AMA Physician Profile

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources  
Attn: Physician Profile Unit  
515 N. State Street  
Chicago, IL 60610  
312 464-5199  
312 464-5900 (fax)

AMA Physician Profile (continued)

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**NOTE TO FILE**

**July 23, 2003**

**When looking through Dr. Willis' file for copying purposes 7/14/03, I realized an NPDB report had not been done prior to permanent licensure.**

**Dr. Willis' file was reviewed at the April 2002 board meeting and signed off on that date. The box for pending NPDB report had not been checked on the Final Board Action sheet, nor was it written "pending NPDB" on the blue sheet. The file had then been included with all of the application files that had been approved by the board at the meeting, instead of with the files pending NPDB report.**

**I queried the NPDB on 7/21/03 with the files going for review at the August 2003 board meeting.**

**Sher Zinn**



February 26, 2002

Donald C. Willis, MD

To Whom it May Concern:

We are providing the following information in response to your inquiry on the above named practitioner. Due to the high volume of these requests this is the extent of the information that can be provided. The practitioner's association with Good Samaritan/Mission Oaks Hospital is shown below.

Dept/Div: Obstetrics & Gynecology  
 Status: Resigned  
 From: 08/20/1996  
 To: 10/22/1997

Please note that the Active Staff category at this facility can be maintained through involvement in medical staff functions without clinical activity. If the member's status is noted as "Active Staff," you may wish to clarify this with the applicant.

Qualifications for membership include review of a physical and mental health statement, general conduct, ethics and current clinical competence.

We know of no reason why this practitioner should not be given a favorable consideration at your facility.

Sincerely,

*Kate DeSalvo*  
 Kate DeSalvo, CMSC  
 Manager, Medical Staff Services

(907) 277-4846

ALASKA STATE MEDICAL BOARD  
Dept of Community & Economic Development  
Division of Occupational Licensing  
P.O. Box 110808  
Juneau, AK 99811-0808  
U.S.A.

PGY

VERIFICATION OF POSTGRADUATE TRAINING

Willis, Donald Clyde  
1101 Cordova St., Apt 29  
Anchorage, Ak 99501-0510  
Medical School: Indiana Univ, year of graduation 1976

DOB 08/28/43  
Place of Birth - Berkeley, Calif., USA

Please complete the information below and return this document directly to the Alaska board at the letterhead address.

Verification for PG year 1  
Name of program - Rotating Internship  
Dates of training - 15 June 76 through 15 June 77

1. At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education?

yes

no - Accreditation committee of the Royal Medical Licensing Authority of Canada

2. During the physician's participation in your program, was he ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.

no

yes

3. Is there anything in this physician's postgraduate training records that would indicate he would be unable to practice medicine competently and safely? If "Yes," please attach a detailed explanation.

no

yes

signature [Signature] date 12/2/02

printed name title

D. J. STODOLIN

Site Director  
Victoria Site for Training  
UBC Department of Family Practice

sworn if applicable

This is exhibit referred to in the affidavit (or declaration) of Donald Willis sworn (declared) before me this 12th day of February, 2002 at Victoria, B.C.

[Signature]

James B. Stodolin, M.D., C.C.F.P.  
A Commissioner for Taking Affidavit for British Columbia

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
P.O. BOX 110806,  
JUNEAU, ALASKA 99811-0806  
E-mail: license@dced.state.ak.us

2/16/02  
Date

Donald Willis, MD  
1101 Cordova St., apt. 129  
Anchorage, AK 99501-6510

Your application for licensure to practice medicine and surgery in the State of Alaska has been received by the Alaska State Medical Board.

       Your file is complete and will be reviewed at the next board meeting which is scheduled for \_\_\_\_\_  
In the meantime, a temporary permit will be issued upon approval by the board's Executive Administrator.

X Your file is incomplete and the following must be received by 3/2/102 for your application to be  
reviewed at the next board meeting, which is scheduled for 4/4+5/02. If your file becomes complete  
before the meeting date, it will be forwarded to the Executive Administrator for consideration of a temporary permit.

       1. Completed Application \_\_\_\_\_

X 2. Biographical Data Sheet X Authorization to release records form

       3. Nonrefundable Application fee of \$250. We received \$ \_\_\_\_\_ Please remit remaining fee of \$ \_\_\_\_\_

       4. The license fee is \$590, effective November 26, 2000. We received \$ \_\_\_\_\_ Please remit remaining fee of  
\$ \_\_\_\_\_ Please note the full fee may be submitted now or just \$145 which will cover the issuance of a temporary  
license. The remainder of the licensing fee may be submitted now or when the board approves your application.

2/19 X 5. Examination scores requested directly from: FLEX \_\_\_\_\_ NBME X USMLE \_\_\_\_\_  
State of \_\_\_\_\_ Puerto Rico \_\_\_\_\_ LLMC \_\_\_\_\_ NBOME \_\_\_\_\_ NBPME \_\_\_\_\_

       6. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign and seal) or  
transcript or original letter on letterhead

       7. Certified true copy of ALL post-graduate training program certificates (notary public must state "true copy of original," sign  
and seal) or original letter on letterhead from the program. If you graduated from medical school before January 1, 1995,  
you must verify completion of one year of postgraduate training OR if you graduated from medical school on or after  
January 1, 1995, you must verify completion of two years of postgraduate training. Foreign-trained graduates must  
provide proof of three years of postgraduate training in the United States regardless of the year of graduation.

X 8. We have not received a response from: Medical school 2/19 Postgraduate years x year 1

       9. Verification of license(s) in \_\_\_\_\_

X 10. Hospital privileges information needed from Good Samaritan 2/19  
Victor Valley St. Mary

2/19 X 11. AMA Profile, AOA Profile, DEA Clearance, Federation Clearance

Additional Comments: Please fill out the enclosed release  
of records authorization & return to me.

I have queried the National Practitioner Data Bank. No action is required by you at this time regarding this item.

If you have any questions, please contact this office at (907) 465-2756.

phone status  
phone status 3/7/02

Sher Zinn  
Sher Zinn, Licensing Examiner  
State Medical Board

**FAX TRANSMISSION**  
**Via (907) 465-2974**  
**This page only**

**23 JAN 02**

**To: Sher**  
**Alaska State Medical Board**

**From: Donald C. Willis, M.D.**

**Re: Change in address of record**

**Dear Sher:**

**Please make the following address my address of record with the State Medical Board:**

**1101 Cordova St., Apt 129**  
**Anchorage, AK 99501-6510**

**RECEIVED**

**JAN 23 2002**

**DIVISION OF**  
**OCCUPATIONAL LICENSING**  
**JUNEAU**

**Thank you very much,**



**Donald C. Willis, M.D.**

Permanent address change effective 12-10-01

OLD ADDRESS

←  
DONALD C. WILLIS, MD  
Donald Willis, MD  
20009 Shoshonee Rd.  
Apple Valley, CA 92307

NEW ADDRESS

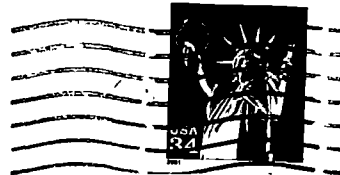
1101 Cordova St., Apt. 129  
Anchorage, Ak 99501-6510

Donald C. Willis  
Donald C. Willis, M.D.  
↑

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2002 JUN 16 PM 3 33  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU



Don Willis, M.D.  
1101 Cordova St., #129  
Anchorage, AK 99501



State of Alaska  
Dept. of Comm & Economic Dev  
Div. Occup. Licensing  
PO Box 110806  
JUN 14 AK

99501+0206 ||| 99501-0806

*Teddy L. King M.D., F.A.C.O.G.*

DIPLOMATE AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY  
OBSTETRICS, GYNECOLOGY, & INFERTILITY  
18182 Outer Hwy 18, Suite 101 & 102  
Apple Valley, CA 92307

February 15, 2000

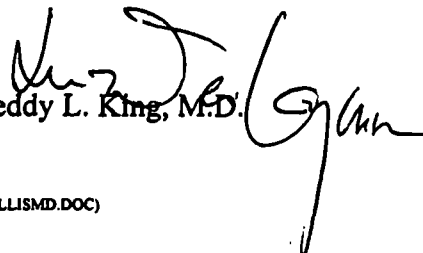
RE: Letter of Professional Reference, Donald C. Willis, M.D.

It is with great pleasure to recognize the efforts of Dr. Don Willis and to provide this letter of professional reference. I have been associated with Dr. Willis during the past four years. He has given my practice and patients superb obstetrics and gynecology backup services. These include frequent coverage of emergency deliveries. He often assists me in gynecological surgeries such as laparoscopies, hysteroscopies and other sensitive procedures. I also know first hand that he has performed these as the sole physician/surgeon. In all instances, he is diligent and professional in his dealings.

Dr. Willis is a well-respected specialist among other physicians and the staffs of the local hospitals in Victor Valley. I am Chief of Surgery Service and also, this past year, functioned as Chief of Staff at Barstow Community Hospital in Barstow, California. I have worked with some of the best medical experts and without reservation, Dr. Willis has distinguished himself as an exceptional talented OB/GYN physician.

Simply stated, Dr. Willis is a caring physician that provides quality services. He is an asset to the medical profession and the community. I highly recommend him in your recruitment efforts. Your gain would definitely be a loss to our community. I would support Dr. Willis and want him on my team anytime. Please feel free to contact me at extension (760) 242-3539 if you need additional information.

Sincerely,

  
Teddy L. King, M.D.

(WILLISMD.DOC)

DONALD C. WILLIS, M.D.

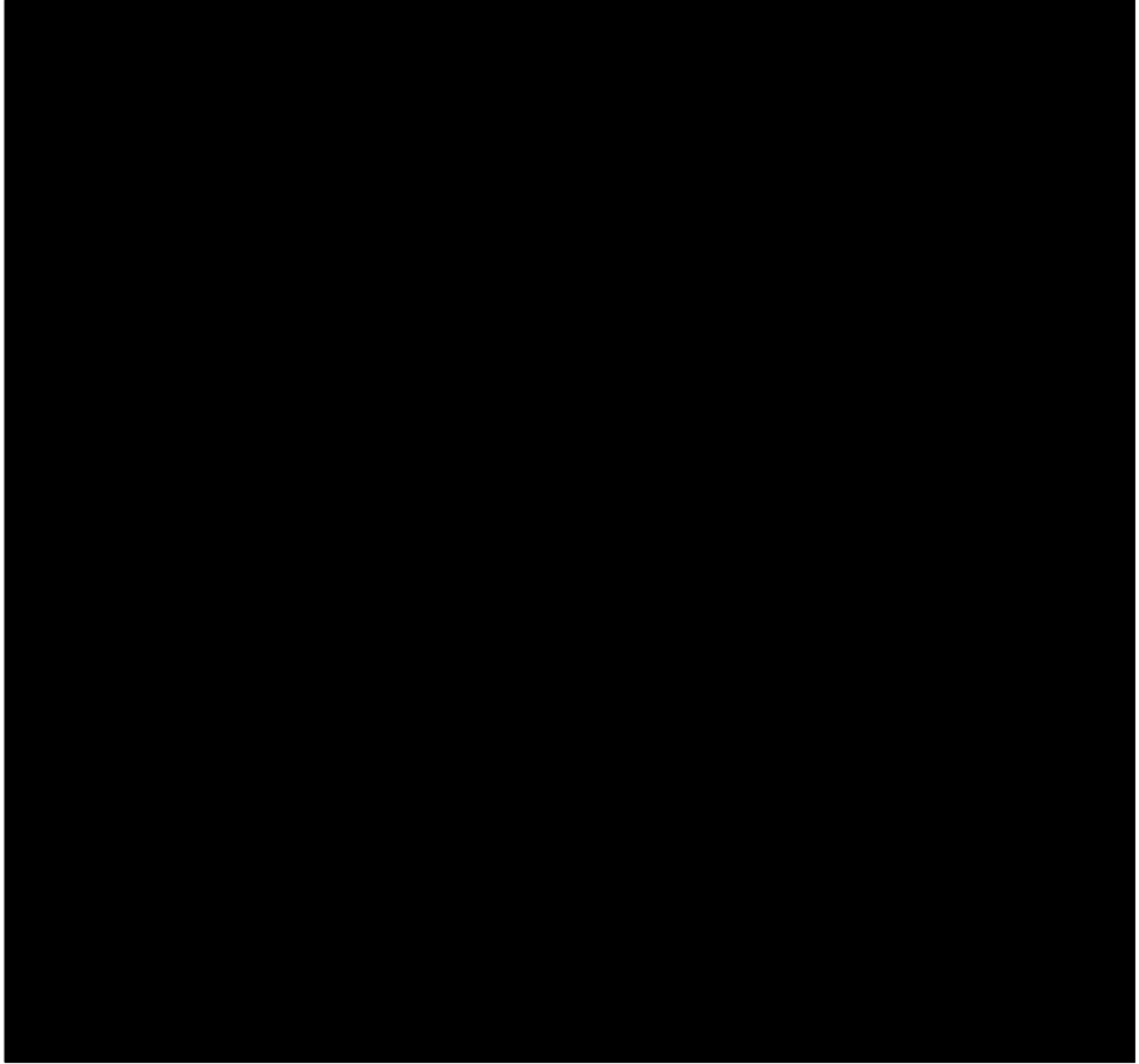
Home address:

1101 Cordova St., Apt. 129  
Anchorage, Ak 99501-6510

Home phone:

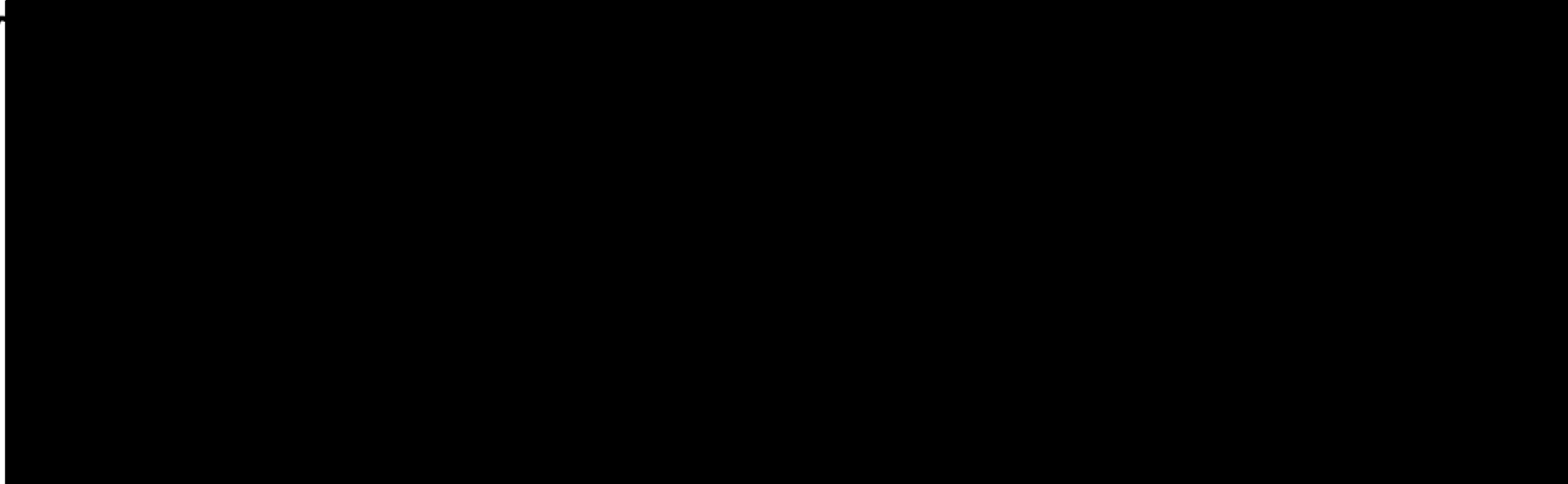
(907) 277-4846

To: The Alaska State Medical Board



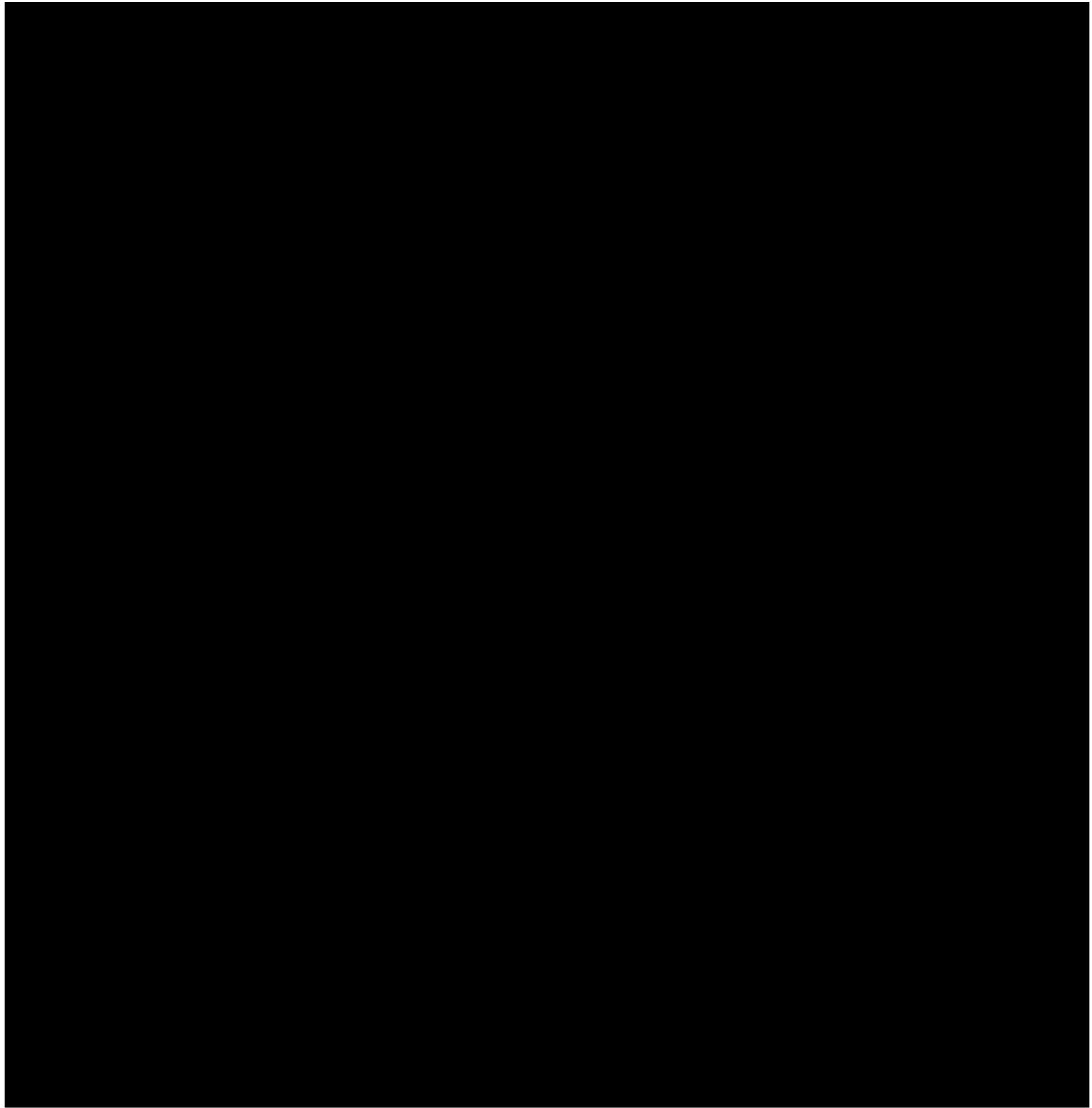
March 26, 1998





September 5, 1997

To whom it may concern,



BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
STATE OF CALIFORNIA

In the Matter of the Accusation )  
Against: )

DONALD CLYDE WILLIS, M.D. )  
657 Waverley Street )  
Palo Alto, CA 94301-2550 )

No. 16-94-46312

OAH No. N 9506238

Physician and Surgeon's Certificate )  
No. G 35712 )

Respondent: )

---

PROPOSED DECISION

This matter was heard before Michael C. Cohn, Administrative Law Judge, State of California, Office of Administrative Hearings, in Oakland, California on December 4, 1995.

Complainant Dixon Arnett was represented by Mara Faust, Deputy Attorney General.

Respondent Donald Clyde Willis, M.D., was present and was represented by David M. Galie, Attorney at Law, 507 Polk Street, Suite 350, San Francisco, California 94102.

FINDINGS OF FACT

1. On October 17, 1977 the Medical Board of California issued physician and surgeon certificate number G35712 to Donald Clyde Willis, M.D. ("respondent"). Respondent's certificate has been renewed through June 30, 1997.

2. Respondent received his medical degree from Indiana University in 1976. He had previously received a Ph.D. in clinical psychology from the University of Portland in 1970. Respondent undertook a one-year rotating internship at the Royal Jubilee Hospital in Victoria, British Columbia in 1976-77. He then undertook a three-year residency in obstetrics and gynecology at Stanford University from 1977 to 1980.

In July 1980 respondent began employment as an obstetrician and gynecologist with Kaiser Permanente in Portland, Oregon. Respondent remained employed by Kaiser until 1994. During his career at Kaiser respondent served as a member of the Perinatal Committee at Bess Kaiser Hospital, including serving as

chairman of that committee from 1981 to 1984. Respondent was board certified in obstetrics and gynecology in 1982. He has a special interest in laproscopic surgery.

[REDACTED]

4. On January 5, 1994 the president of Northwest Permanente notified the Oregon Board of Medical Examiners ("Oregon Board") in writing that respondent was scheduled to return to the Portland area around January 14, 1994 and that it was Kaiser's intention, as his employer, [REDACTED]

[REDACTED]

5. At some point following his return to Oregon, respondent requested, pursuant to Oregon Revised Statutes 677.410, that voluntary limitations be placed upon his license. Respondent subsequently appeared before an Investigative Committee of the Oregon Board. That committee's report bears the following entry for June 9, 1994:

"Recommendation to allow Dr. Willis to return to practice at kaiswer [sic] Permanente in OBG in a supervised setting with neuro-psychiatric examinations to be stipulated every two years and quarterly psych and hospital reporting through VL [voluntary limitation] (non-reportable, non-disciplinary. July FB [full board] agenda item."

6. By the time respondent's case came before the full Oregon Board in July he had decided to leave Oregon and relocate in California. The Oregon Board's minutes contain the following entry for July 13, 1994:

[REDACTED] He has recently resigned from Kaiser and is going to Palo Alto to practice. He has applied for a California license and intends to tell the California Board his full

---

This statement by the Oregon Board was obviously in error since respondent has held a California license since 1977.

history. The Investigative Committee recommends accepting a voluntary limitation from licensee, allowing him to return to practice under specific guidelines (including no surgery). This voluntary limitation will be reportable to the national data bank and the FSMB."

The Oregon Board thereafter approved the following motion: "IN THE MATTER OF DONALD WILLIS, M.D., THE BOARD OF MEDICAL EXAMINERS ACCEPT THE VOLUNTARY LIMITATION AS AMENDED."

7. In August 1994 a formal document entitled "Voluntary Limitation" was signed by respondent and the chairman of the Oregon Board. That document provides:

"Donald Willis, M.D. is a physician licensed to practice medicine in the State of Oregon. Pursuant to the provisions of ORS 677.410, Dr. Willis requests that the Board of Medical Examiners (Board) impose the following conditions on his license to practice medicine in the State of Oregon:

"(1) Dr. Willis will practice medicine only in a supervised setting approved by the Board in advance.

"(2) Dr. Willis must undergo a neuropsychological examination at his expense to be reported to the Board of Medical Examiners beginning in July 1996 and continuing every two years thereafter, or sooner if deemed appropriate by the Board.

"(3) Dr. Willis will arrange to have written reports from the Chief of Staff of his approved supervisory setting, and his treating psychiatrist, to be sent to the Board at each of its quarterly meetings beginning in October 1994.

"Dr. Willis understands and agrees that this voluntary limitation is subject to approval by the full Board. If Dr. Willis fails to abide by the conditions imposed herein, he understands and agrees that the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning the license of Dr. Willis. Dr. Willis also understands that...this voluntary limitation...will be a reportable license limitation to the National Practitioner Data Bank. This voluntary limitation also will be reportable to any hospital or other institutional health care provider at which Dr. Willis intends to practice, the Federation of State Medical Boards, and, if requested by any person, reportable as a public record."



8. Respondent moved to Palo Alto in July 1994. He did not resume the practice of medicine until around April 1995 when he undertook part-time employment as a contract physician at Planned Parenthood of San Mateo County. He is still employed in that position. In June and July 1995 respondent acted as *locum tenens* in the private practice of Forrest O. Smith, M.D. Since that time respondent has continued to work as a part-time contract physician at Dr. Smith's Pregnancy Consultation Center in Pleasanton. In both his part-time positions, which total between 10 and 25 hours a week, respondent's functions are limited to performing abortions and providing contraception, pregnancy and abortion consultations.

9. Although respondent asserted that within a week of his arrival in Palo Alto in July 1994 he notified the Medical Board of California ("Board") of his change of address, intention to practice and [REDACTED] the only response from the Board was the filing of the instant accusation. [REDACTED]

10. Although the accusation contained a cost recovery prayer, no evidence of costs was presented at the hearing.

#### DETERMINATION OF ISSUES

1. Complainant seeks to discipline respondent pursuant to Business and Professions Code section 2305. It provides:

"The revocation, suspension, or other discipline by another state of a license or certificate to practice medicine issued by the state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, to a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against such licensee in this state."

In support of his position, complainant cites Marek v. Board of Podiatric Medicine (1993) 16 Cal.App.4th 1089, 1096, where it was held that section 2305 "applies by its terms to any discipline imposed by another state on the holder of a license or certificate to practice medicine," even when no hearing on the merits had been held by the sister state. The court stated, "The focus of section 2305 is the mere fact that a measure of discipline was imposed on a licensee and not how it was imposed by the foreign jurisdiction."

2. Respondent asserts that section 2305 does not establish cause for disciplinary action against him since the

voluntary limitation to which he agreed to subject his Oregon license did not constitute discipline by that state and does not, therefore, constitute unprofessional conduct.

3. It is determined that the voluntary limitation action taken in Oregon did not constitute discipline by a sister state within the meaning of section 2305.

a) A reading of Oregon's statutory scheme relating to the discipline of medical licenses demonstrates that a voluntary limitation does not constitute a disciplinary action. Oregon Revised Statutes 677.200(1) provides that a disciplinary action is initiated by the filing of a verified written complaint. ORS 677.205 then provides:

"(1) The Board of Medical Examiners for the State of Oregon may discipline...any person licensed, registered or certified under this chapter who has:

"(a) Admitted the facts of a complaint filed in accordance with ORS 677.200(1) alleging facts which establish that such person is in violation of one or more of the grounds for suspension or revocation of a license as set forth in ORS 677.190;

"(b) Been found to be in violation of one or more of the grounds for disciplinary action of a licensee as set forth in this chapter; or

"(c) Had an automatic license suspension as provided in ORS 677.225."

The Oregon proceeding relating to respondent was not initiated by the filing of a verified written complaint and none of the bases for discipline set forth in ORS 677.205 apply to respondent. By contrast, the restrictions placed on respondent's license were imposed pursuant to ORS 677.410, which provides:

"A licensee may request in writing to the board a limitation of license to practice medicine or podiatry, respectively. The board may grant such request for limitation and shall have the authority, if it deems appropriate, to attach conditions to the license of the licensee within the provisions of ORS 677.205 and 677.410 to 677.425. Removal of a voluntary limitation on licensure to practice medicine or podiatry shall be determined by the board."

b) That the Oregon action was nondisciplinary in nature is further demonstrated by the recommendation of the Investigative Committee, the action of the Oregon Board in accepting, with modifications, that recommendation and the terms

of the voluntary limitation agreement approved by the Oregon Board. In its recommendation to the full board that a voluntary limitation on respondent's license be imposed, the committee specifically provided that the voluntary limitation would be "non-reportable, non-disciplinary." Although the Oregon Board subsequently specified that the voluntary limitation would be "reportable to the national data bank and the FSMB," the board made no mention of modifying the "non-disciplinary" aspect of the committee's recommendation.

Further, the voluntary limitation agreement later signed by respondent and approved by the Oregon Board provides that if respondent fails to abide by the conditions of the voluntary limitation, "the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning" respondent's license. The clear implication of this provision is that the voluntary limitation is not a disciplinary action, but that failure to adhere to its terms would result in such an action being taken.

c) In Marek, supra, 16 Cal.App.4th 1089, two podiatrists entered into a consent decree in Nevada which revoked their licenses to practice in that state and placed them on three years' probation on certain terms and conditions. Under the terms of the consent decree, the podiatrists did not admit the truth of any of the allegations of the complaint which had been filed against them in Nevada but acknowledged that their failure to contest those allegations "'subjects them to disciplinary action by the [Nevada Board].'" (16 Cal.App.4th at p. 1093.) The California Board of Podiatric Medicine's subsequent discipline of the podiatrists under Business and Professions Code section 2305, based solely upon their having been disciplined in a sister state, was upheld upon the court's finding, as set forth above, that section 2305 was not limited only to "discipline imposed after a full hearing on the merits," but applied to "any discipline imposed by another state." (16 Cal.App.4th at p. 1096.)

The facts of Marek are distinguishable from the present case in that the state of Nevada clearly imposed discipline upon the podiatrists' licenses, even though that discipline resulted from a consent decree and the licensees admitted no wrongdoing. The consent decree itself provided that the licensees acknowledged they were subjecting themselves to disciplinary action. In the present case, as set forth above, although restrictions were placed on his license by the state of Oregon, the voluntary limitation to which respondent agreed did not constitute disciplinary action under either that state's statutory scheme or the terms of the voluntary limitation agreement itself.

d) While the phrase "any discipline imposed by another state" as used in section 2305 was broadly construed in

Marek, supra, 16 Cal.App.4th 1089, to include discipline imposed without a hearing on the merits, it does not follow that all restrictions imposed on a license by a sister state constitute "discipline." It is significant that the statute establishes as unprofessional conduct a "revocation, suspension, or other discipline" imposed by a sister state but a "revocation, suspension, or restriction" imposed by a federal government agency. Had the legislature chosen to do so, it could have made the imposition of a "restriction" by a sister state unprofessional conduct just as it did a "restriction" imposed by the federal government. That it chose not to do so indicates the legislature did not intend to include all restrictions imposed by sister states as grounds for disciplinary action.

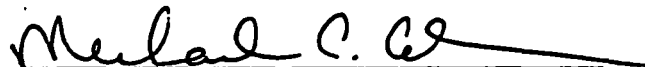
This determination is only bolstered by the legislature's recent amendment of section 2305. Effective January 1, 1996, that section will provide that "[t]he revocation, suspension, or other discipline, restriction, or limitation imposed by another state" constitutes unprofessional conduct. (Stats.1995 c.708, §9 (S.B. 609).) By that amendment, the legislature has broadened the sort of sister state action which will result in cause for disciplinary action in California so that it more closely parallels the manner in which federal agency actions are treated.

4. Inasmuch as it has been determined that the voluntary limitation action taken in Oregon did not constitute discipline by a sister state within the meaning of Business and Professions Code section 2305, no cause for disciplinary action against respondent for unprofessional conduct was established pursuant to that section.

ORDER

The accusation against respondent Donald Clyde Willis, M.D., is dismissed.

DATED: December 11, 1995

  
MICHAEL C. COHN  
Administrative Law Judge

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
STATE OF CALIFORNIA

|                                     |   |                   |
|-------------------------------------|---|-------------------|
| In the Matter of the Accusation     | ) |                   |
| Against:                            | ) |                   |
|                                     | ) |                   |
| DONALD CLYDE WILLIS, M.D.           | ) | No. 16-94-46312   |
| 657 Waverley Street                 | ) |                   |
| Palo Alto, CA 94301-2550            | ) | OAH No. N 9506238 |
|                                     | ) |                   |
| Physician and Surgeon's Certificate | ) |                   |
| No. G 35712                         | ) |                   |
|                                     | ) |                   |
| Respondent.                         | ) |                   |

---

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on FEBRUARY 5, 1996 .

IT IS SO ORDERED JANUARY 5, 1996 .

*Anabel Imbert M.D.*  
**ANABEL ANDERSON IMBERT, M.D.**  
 President  
 Division of Medical Quality

December 1, 1995

Medical Board of California  
1426 Howe Avenue  
Sacramento, CA 95825-3236

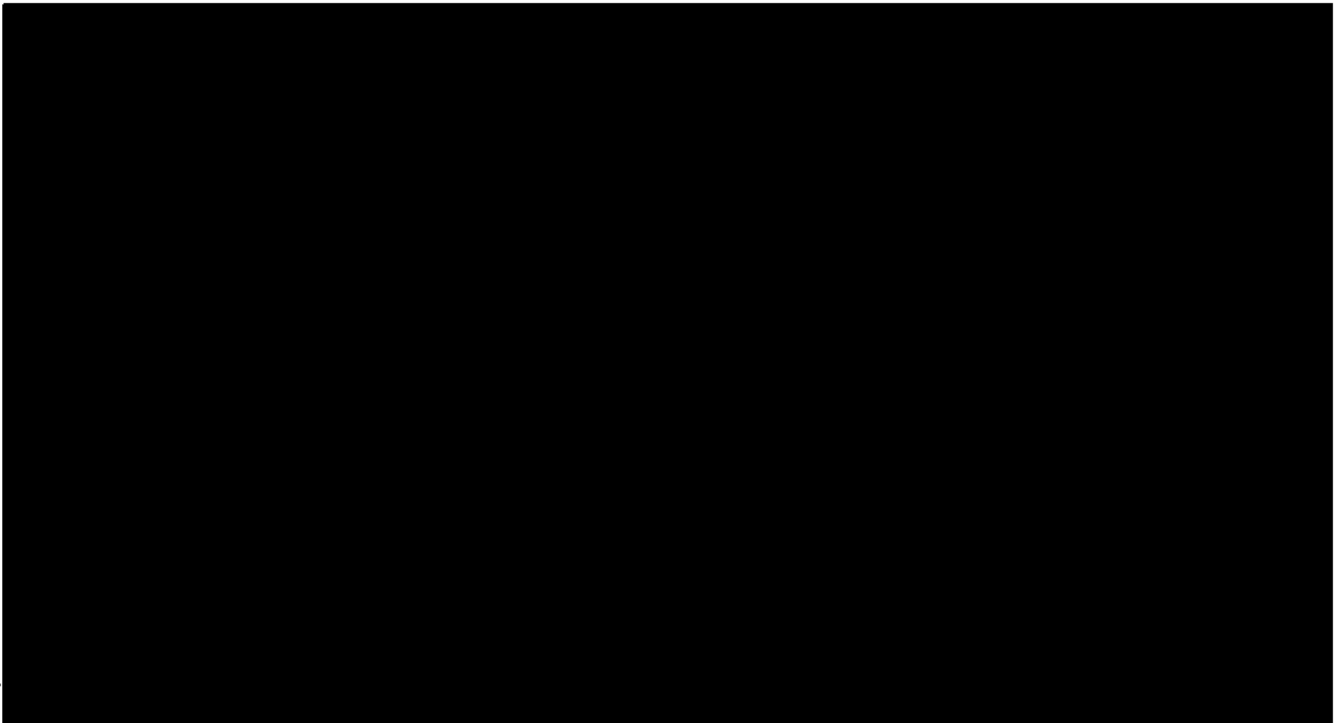
To the Medical Board of California:

I am writing at the request of Donald C. Willis, M.D. with regard to the upcoming review of the status of his California medical license. I can offer the following comments which applied as of my most recent contact with Dr. Willis on May 18, 1995.

Dr. Willis is a 52 year-old OB-GYN physician [REDACTED]

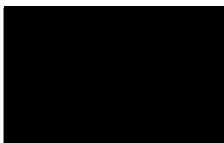
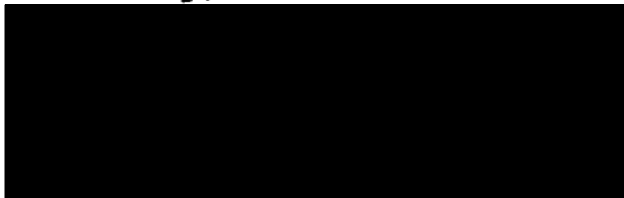
[REDACTED] He moved to the San Francisco Bay Area in mid-1994 and has been working as an OB-GYN physician.

I first saw Dr. Willis on February 28, 1995, when he sought consultation regarding his clinical situation and licensure status, and saw him again on March 2, and May 18, 1995. He reported having [REDACTED]



I appreciate your kind attention and any consideration you can give Dr. Willis' status.

Sincerely,



November 28, 1995

Medical Board of California  
1426 Howe Avenue  
Sacramento CA 95825-3236

Dear Medical Board of California,

Re: Donald C. Willis, M.D.

This is a confirmation letter of Dr. Willis' current part-time employment as a contract physician at Planned Parenthood of San Mateo County performing first and early second trimester abortions. Although his time of employment has been relatively brief (6) months it has so far been a very positive experience.

Starting with his first clinic, which I personally observed and upon continued close supervision, his considerable experience, sound medical judgment, and excellent surgical skills have been clearly demonstrated. His general medical competence has also been evident to other staff members and has impressed our very experienced clinic supervisor, Ms. Madeline Pera-Floyd. He has quickly established a good working relationship with clinic co-workers and displayed a warm, pleasant, and highly professional manner with patients.

At his initial job interview, both Ms. Floyd and I were favorably impressed with Dr. Willis' candor and honesty

[REDACTED]

[REDACTED]

[REDACTED] He is doing excellent medical work for us of the highest quality.

Sincerely,  


Howard Rosenthal, M.D.  
Medical Director

HR:aj



COPY

Forrest O. Smith, M.D.  
5565 West Las Positas, #330  
Pleasanton, California 94588 USA  
510/734-0100 FAX 510/734-0207

November 19, 1995

**IN RE: DONALD WILLIS, M.D.**

I am writing this letter in testament to the professional and personal qualifications of **DONALD WILLIS, M.D.** with whom I have had association in both areas for the past seven months. Dr. Willis has worked for me in my medical practice. I have had the opportunity to observe him closely and over a protracted period. I offer the following observations about Dr. Willis. [REDACTED]

Dr. Willis fulfilled a *locum tenens* for me during the months of June and July of this year, assuming all of the duties involved in my private practice in Pleasanton. He very ably and completely handled all of the aspects of my practice. Furthermore, he was easily accepted and well-liked by patients and my office staff. I would not hesitate to engage Dr. Willis similarly in the future and will do so when the occasion arises.

Dr. Willis also worked for me on a regular basis in my satellite offices in San Jose and Oakland engaged in outpatient family-planning type practice. Again, he ably discharged those duties and was well-liked by staff and patients. [REDACTED]

I have no question about the ability of Dr. Willis to handle the general duties of an Ob-Gyn practitioner to the limits of his training and experience. I would like to maintain a professional association with Dr. Willis and look forward to his working for and with me in the future should this board view him favorably, which I heartily and without reservation recommend.

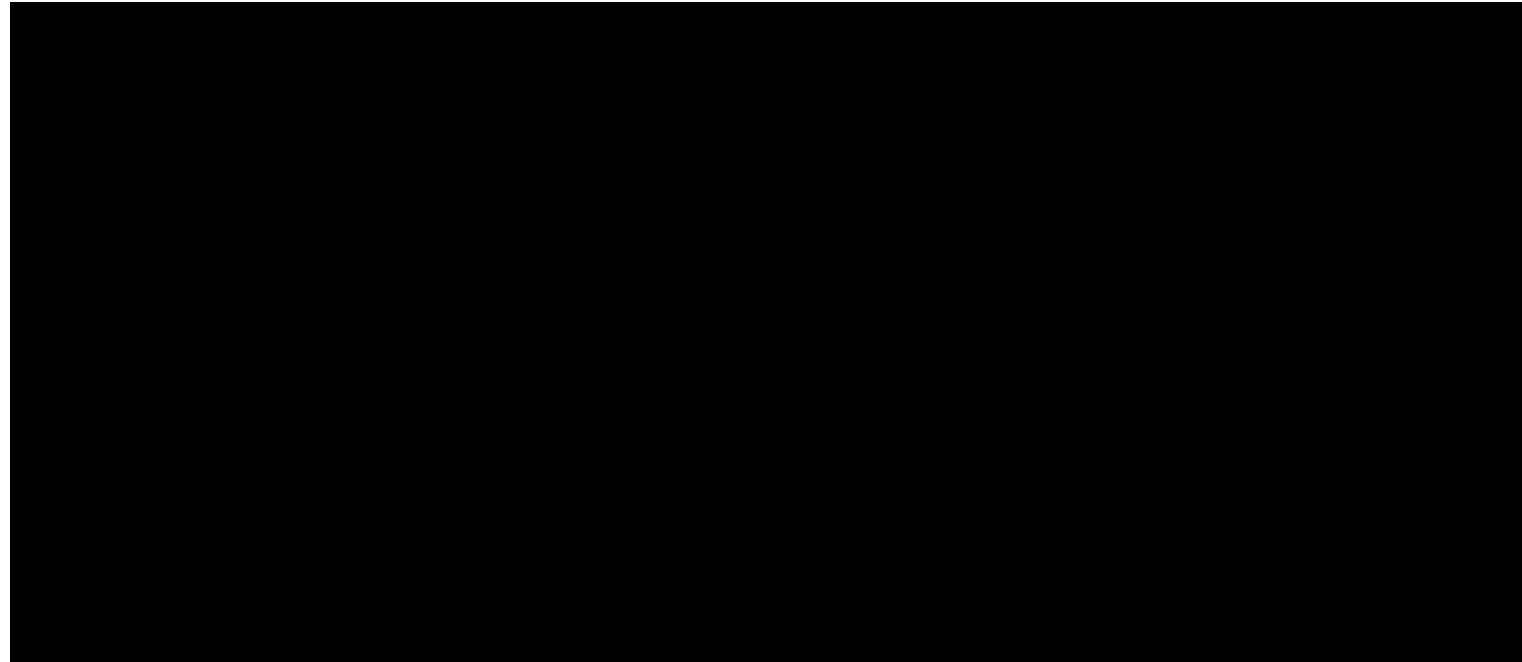
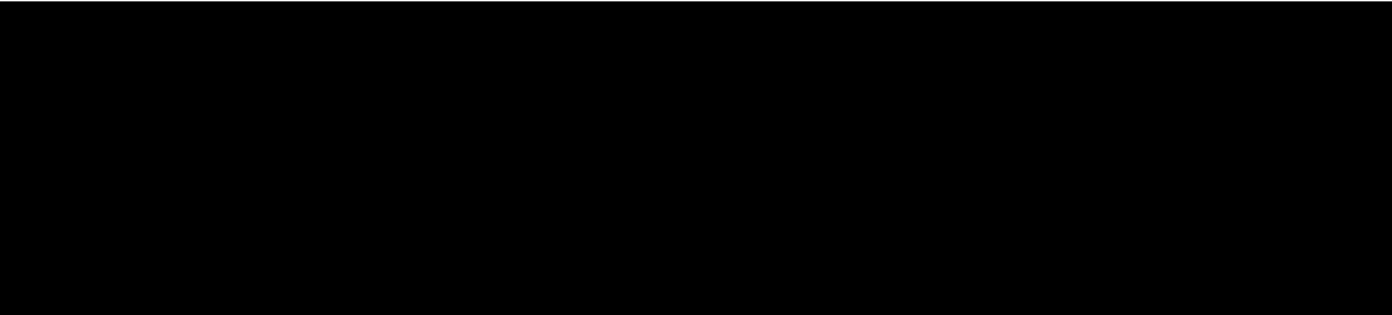
I would be happy to appear personally before the board in support of Dr. Willis. Any further question may be addressed to me at the above.

Yours truly,


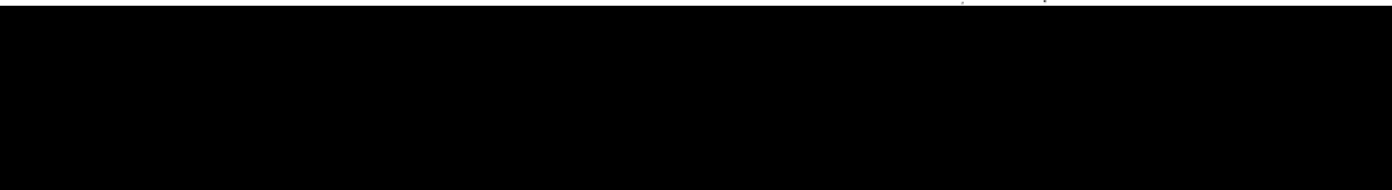
Forrest Smith, M.D. California License C-35811

FOS/ts

willis1

Dr. Willis has had qualifications put on his Oregon license which include: 1) that his practice be supervised, 2) that he have neuropsychological testing repeated every two years, 3) that he see a psychiatrist and have quarterly reports sent to the medical board, and 4) that his supervisor send quarterly reports to the medical board. He is hoping to restore his Oregon license, and he also has hearings pending with the California medical board. He is currently practicing in a limited situation as a gynecologist at a family planning clinic.

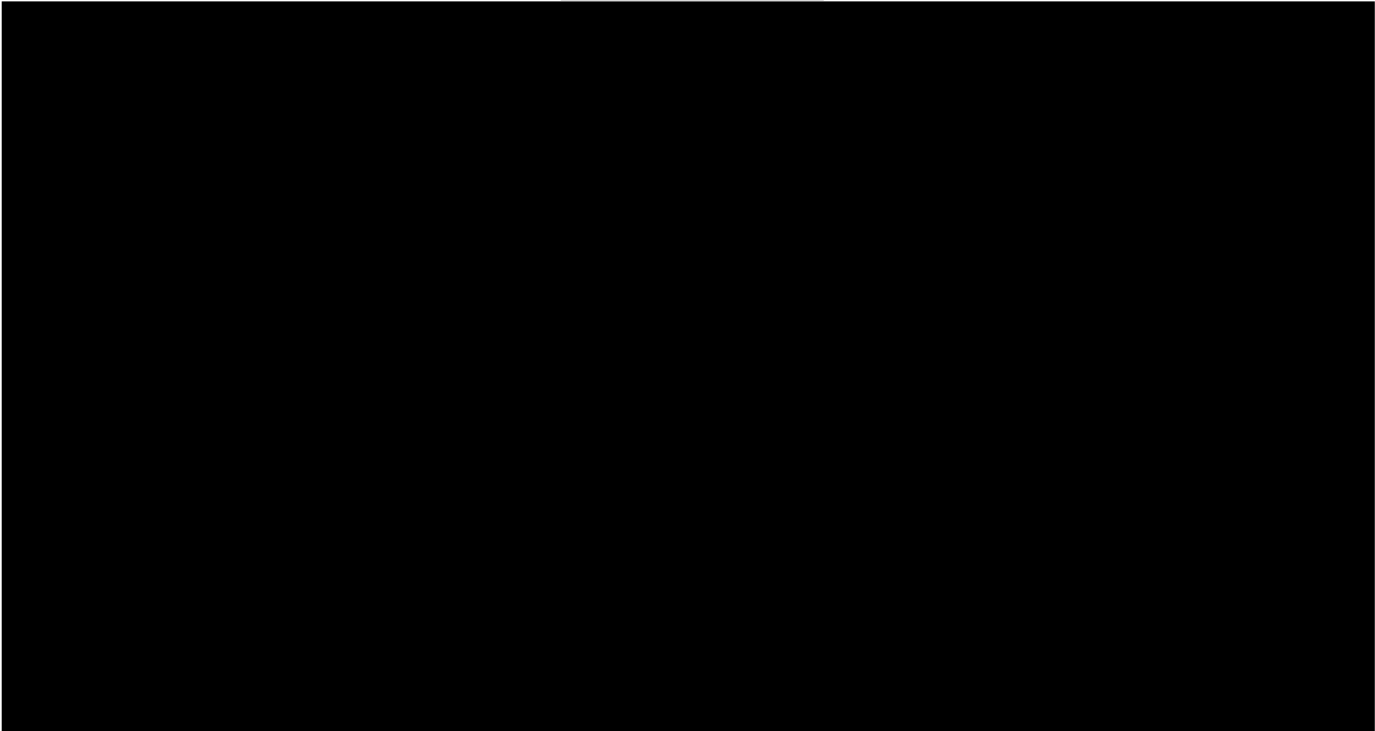
[REDACTED]

[REDACTED]

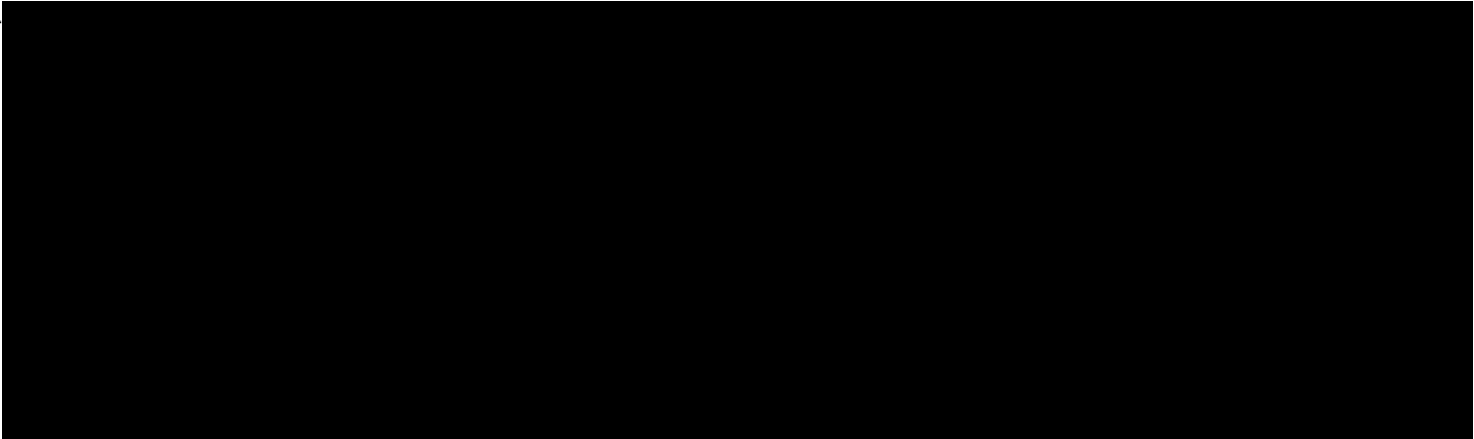
[REDACTED]

[REDACTED]

[REDACTED]



Please feel free to contact my office if I may be of further assistance.  
I will be happy to participate in Dr. Willis' care as needed.



[REDACTED]

[REDACTED]

[REDACTED]

Doctor Willis has had qualifications put on his license to practice in Oregon, which apparently include supervision and reports from a psychologist, and a chief of service to the board for continuing practice. He is now living in California and has been practicing in a limited situation, working about eight hours a month at this time in a Family Planning Clinic as a gynecologist. He has been doing abortions in this clinic. He is now hoping to restore his Oregon license and also has hearings pending with the California Medical Board.

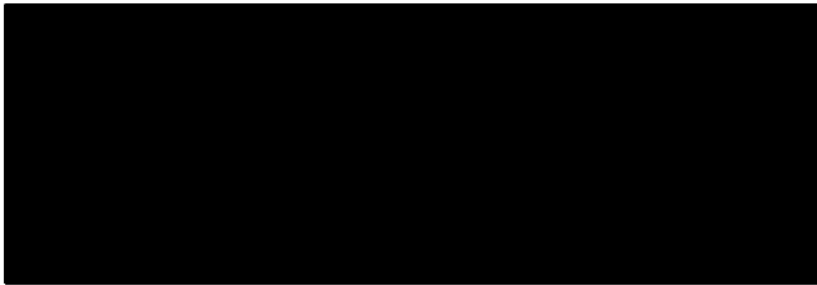
[REDACTED]

[REDACTED] He is eagerly looking forward to restoring his full license of practice medicine. [REDACTED]

[REDACTED]

[REDACTED]

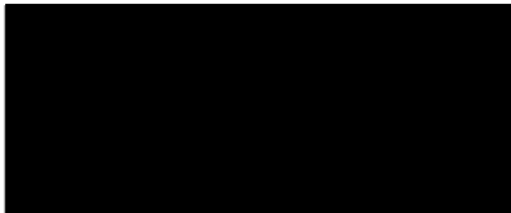
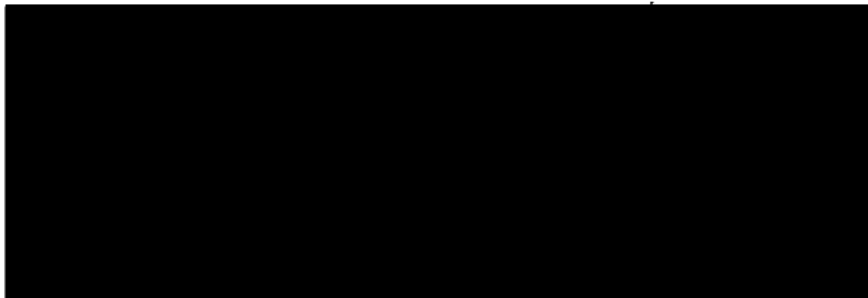
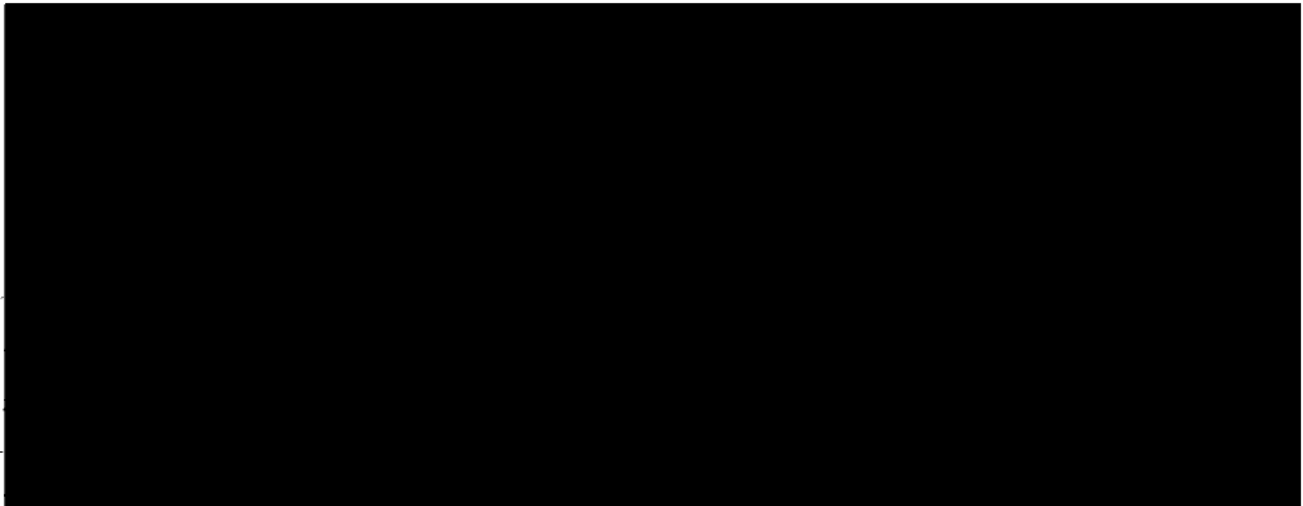




February 1, 1994

RE: DONALD C. WILLIS, M.D.

TO WHOM IT MAY CONCERN:



52

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING

STATE MEDICAL BOARD

**D R A F T**

MINUTES OF MEETING

January 17 - 18, 2002

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By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting of the Alaska State Medical Board was held on Thursday and Friday, January 17 - 18, 2002 in the ninth floor conference room of the State Office Building, Juneau, Alaska.

THURSDAY, January 17, 2002

*[Tape 1, Side A]*

The meeting was called to order by acting chair Ms. Constance E. Livsey at 9:25 am.

ROLL CALL

Present were board members:

- |                       |                           |
|-----------------------|---------------------------|
| Martha T. Cotten, MD  | Keith M. Brownsberger, MD |
| Constance E. Livsey   | Sheila Means              |
| Allan G. Schlicht, MD | David M. Head, MD         |
| Irvin A. Rothrock, MD | Thomas G. Wilson, PA-C    |

Staff members present were:

- Joanie Stude, Licensing Examiner
- Leslie G. Abel, Executive Administrator
- Sher Zinn, Licensing Examiner



for treatment, that transport is part of his employment duties. He can continue to transport that patient to civilian facilities. Once he arrives at the civilian facility and turns the patient over to the physicians there, that patient is no longer his responsibility. The patient is now the responsibility of the physicians at the hospital. Therefore, he is executing his responsibilities and not in violation of the law in not holding an Alaska license. Board members agreed with this interpretation. 325

**MOTION** Upon a motion by COTTEN, seconded by HEAD, and carried without objection, it was RESOLVED to direct Ms. Abel to write a letter to Mr. Webb giving him the options available to him. 328

**License Application - Willis, Donald, MD**

Dr. Willis was connected to the meeting by telephone. Ms. Livsey left the meeting and turned the chair over to Dr. Cotten.

**MOTION** Upon a motion by SCHLICHT, seconded by ROTHROCK, and carried without objection, it was RESOLVED to go into executive session in accordance with AS 44.62.310(c)(2) for the purpose of discussing the application of Donald C. Willis, MD. 377

Off the record at 2:40 pm; on the record at 2:53 pm.

**MOTION** Upon a motion by BROWNSBERGER, seconded by MEANS and ROTHROCK, and carried without objection but with one abstention (Livsey), it was RESOLVED to grant an unrestricted permit to Dr. Willis. 388

Ms. Livsey abstained since she was not present for the discussion.

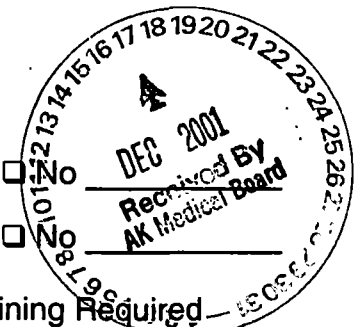
**License Application - Dente, Joseph B., Jr., MD**

Dr. Dente joined the meeting via telephone. 520

Applicant Name: Willis, Donald Clyde  MD  DO  
 Specialty: OB / GYN FMG:  No  Yes ECFMG No. \_\_\_\_\_  
 Locum for Michael O'Brien Temp. 2018 12-3-01  
 Name of Alaska Physician Alaska License No. Start Date

**Date Received**

11-7 Fee, Nonrefundable Application Fee (\$150) Receipt No. 580998  
11-7 Fee, Permit Fee (\$200) Receipt No. 580998  
11-7 Application  
11-7 Authorization for Release of Records  
11-7 Medical School Diploma/Transcript Accredited:  Yes  No  
11-7 Internship/Residency Certificates (All) Accredited:  Yes  No



Graduated BEFORE January 1, 1995 - 1 year PG Training Required  
 Graduated AFTER January 1, 1995 - 2 years PG Training Required  
 International Medical Graduate - 3 years PG Training Required

12-7 Verifications of Licensure in: 12-7 OR, 11-30 CA

11-15 Federation of State Medical Boards Clearance

NO  YES Irregularities, "Yes" Responses, Other Adverse Information Noted in Application.  
 Specify: #19 Malpractice, #28a, 32a, 40, Fed. Clearance Oregon VOL

11-19 Application Status Letter Sent: 1) 11-19-01 2) \_\_\_\_\_

12-13 Application Complete - Checklist to Executive Administrator

**BOARD MEMBER OR BOARD DESIGNEE REVIEW AND RECOMMENDATION**

Interview Required:  NO  YES Reason for Request for Interview \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DENIED

Comments: Full Board Interview

Signature, Board Member or Designee Martha T. Cotten Date: 1-18-02

Locum Tenens Permit No. 2091 Date Issued: 1/22/02



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806, Juneau Alaska 99811-0806  
 (907) 465-2541  
 E-Mail: license@dced.state.ak.us

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|   |                    |
|---|--------------------|
| For Office Use Only<br>NOV 07 2001<br>DIVISION OF<br>OCCUPATIONAL LICENSING<br>JUNEAU |                    |
| Receipt No.<br>580998   | Amount<br>350.00 ✓ |

## APPLICATION FOR LOCUM TENENS PERMIT

### PART I PERSONAL IDENTIFICATION INFORMATION (Type or Print Legibly)

|    |  |  |   |            |
|----|--|--|---|------------|
| 1  | Full Legal Name<br>(Last, First, Middle) | WILLIS, DONALD CLYDE   |   | Jr.<br>Sr. |
| 2  | Other Names Used<br>(Incl. Maiden Name)  | None   |   |            |
| 3  | Legal Name Changes<br>(Provide copies)   | None   |   |            |
| 4  | Social Security Number                   | [REDACTED]   | Date of Birth   | 6.26.43    |
| 5  | Place of Birth<br>(City, State, Country) | BERKELEY, CALIF, USA   |   |            |
| 6  | Full Practice Address                    | 18182 Hwy 18, #101<br>APPLE VALLEY, CA 92307   |   |            |
| 7  | Full Residence Address                   | 20009 SHOSHONEE Rd<br>APPLE VALLEY, CA 92307   |   |            |
| 8  | Telephones                               | Work<br>7601<br>242-3539   | Home<br>760<br>946-6039   |            |
| 9  | E-Mail Address<br>(Optional)             | None   |   |            |
| 10 | Preferred Address of Record              | <input type="checkbox"/> Use Practice Address  | <input checked="" type="checkbox"/> Use Residence Address<br>How long at this address? 1 yr   |            |
| 11 | Professional Designation                 | <input checked="" type="checkbox"/> Allopathic Physician (MD)<br><input type="checkbox"/> Osteopathic Physician (DO) | <input checked="" type="checkbox"/> Application by Credentials<br><input type="checkbox"/> Application by Examination<br>(Alaska is first state of licensure) |            |
| 12 | Previous License/Permit<br>in ALASKA?    | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES  | If YES, what type and when:<br>Type: _____<br>Year: _____   |            |

### PART II LOCUM TENENS ASSIGNMENT Identify the Alaska physician for whom you will be substituting.

|                     |                                       |            |
|---------------------|---------------------------------------|------------|
| 13. Name            | Location                              | Start Date |
| MICHAEL O'BRIEN, MD | SOUTH CENTRAL FOUNDATION<br>ANCHORAGE | ASAP       |

**PART III EDUCATION**

**14. Medical School Education**

| Name of Institution | Location              | Date Graduated |
|---------------------|-----------------------|----------------|
| INDIANA UNIVERSITY  | Indianapolis, IN, USA | 2-76           |

**15. Postgraduate Training** List internship, residency, or fellowship training programs chronologically.

| Yr | Hospital                   | Mailing Address   | Completed (MM/YYYY)        | Yes/No |
|----|----------------------------|---|----------------------------|--------|
| 1  | ROYAL JUBILEE HOSPITAL     | 1900 FORT Street<br>VICTORIA, BC, CANADA V8R 1J8            | From 06/1976<br>To 06/1977 | YES    |
| 2  | STANFORD UNIV MEDICAL CNTR | STANFORD UNIVERSITY<br>MEDICAL CENTER<br>STANFORD, CA 94305 | From 07/1977<br>To 07/1980 | YES    |
| 3  |                            |   | From                       |        |
|    |                            |   | To                         |        |
| 4  |                            |   |                            |        |
| 5  |                            |   |                            |        |

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**16. ECFMG Certification - International Graduates Only**

Have you taken the ECFMG exam?  Yes Certificate No. \_\_\_\_\_  No  
Attach a certified true copy of the certificate to this application.

**17. Specialty** Attach certified true copies of board certificates.

| Specialty/Subspecialty | Board Certified? Yes/No/Date | What Board? | Recertification Date |
|------------------------|------------------------------|-------------|----------------------|
| OB GYN                 | YES - 11/82                  | OB GYN      | NA                   |
|                        |                              |             |                      |
|                        |                              |             |                      |

**PART IV PROFESSIONAL ACTIVITIES**

**18. Professional Licensure** Please list **all states, territories, provinces, or foreign countries** in which you hold or have **ever** held a medical license. Include instructional or training permits.

|   | Location (State, territory, etc.) | Date Issued |    | Location (State, territory, etc.) | Date Issued |
|---|-----------------------------------|-------------|----|-----------------------------------|-------------|
| 1 | OREGON                            | 1-13-78     | 7  |                                   |             |
| 2 | CALIFORNIA                        | 10-17-77    | 8  |                                   |             |
| 3 |                                   |             | 9  |                                   |             |
| 4 |                                   |             | 10 |                                   |             |
| 5 |                                   |             | 11 |                                   |             |
| 6 |                                   |             | 12 |                                   |             |

If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

**19. Medical Malpractice History**

Have you ever had any claims of malpractice filed against you?  No  Yes  
 If Yes, please list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims for which no money was paid. Provide a brief description of each claim on a separate sheet of paper labeled with your name and signed by you.

| Date of Occurrence | Nature of Alleged Malpractice  | Amount Paid                                     |
|--------------------|--------------------------------|---|
| 3-13-00            | Wrongful Death of unborn child | 0.00  |
| 10-25-99           | Perforation of small bowel     | 29,999.25<br>\$29,999.25                        |
| 4-1-98             | Post-op vesico vaginal fistula | \$12,000.00                                     |
|                    |                                |   |
|                    |                                | RECEIVED  |
|                    |                                | NOV 07 2001                                     |
|                    |                                | DIVISION OF<br>OCCUPATIONAL LICENSING<br>JUNEAU |

**SPECIAL INSTRUCTIONS FOR PARTS IV AND V**

In responding to the questions in Parts IV and V below, please check the appropriate box next to each question. A "Yes" response to a question does not automatically result in a denial of license application. For each "Yes" response to any question, you must provide a separate, signed statement giving full details including dates, locations, type of action, organizations or parties involved, and specific circumstances. When in doubt about your response, disclose and provide the explanation requested. Please answer parts A and B of each question.

**CONFIDENTIALITY**

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**PART V DISCIPLINARY HISTORY**

**IMPORTANT! PLEASE READ BEFORE ANSWERING THE DISCIPLINARY HISTORY QUESTIONS.**

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Concern, Warning, Caution, Admonishment, Reprimand, etc. If you are unsure about your response, please contact our office. Failure to disclose such past history may be grounds for disciplinary sanctions.

- 20a.  No  Yes Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?
- 20b.  No  Yes Is any such action pending?
- 21a.  No  Yes Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?
- 21b.  No  Yes Is any such action pending?
- 22a.  No  Yes Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?
- 22b.  No  Yes Is any such action pending?

NOV 07 2001

DIVISION OF

OCCUPATIONAL LICENSING

Part V Disciplinary History (Continued)

23a. [X] No [ ] Yes Relating to the practice of medicine, have you ever had a grade A or B administrative action against you regarding professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?

23b. [X] No [ ] Yes Is any such action pending?

24a. [X] No [ ] Yes Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges (except for late medical records)?

24b. [X] No [ ] Yes Is any such action pending?

25a. [X] No [ ] Yes Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction, or termination?

25b. [X] No [ ] Yes Is any such action pending?

26a. [X] No [ ] Yes Have you ever been disciplined by a medical school or post-graduate training program?

26b. [X] No [ ] Yes Is any such action pending?

27a. [X] No [ ] Yes Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?

27b. [X] No [ ] Yes Is any such action pending?

28a. [ ] No [X] Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?

SEE ENCLOSED "NPDB ENTRY IN MY NAME."

28b. [X] No [ ] Yes Is any such action pending?

29a. [X] No [ ] Yes Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?

29b. [X] No [ ] Yes Is any such action pending?

30a. [X] No [ ] Yes Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?

30b. [X] No [ ] Yes Is any such action pending?

31a. [X] No [ ] Yes Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?

31b. [X] No [ ] Yes Is any such action pending?

32a. [ ] No [X] Yes Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine?

32b. [X] No [ ] Yes Is any such action pending? SEE ENCLOSED "NPDB ENTRY IN MY NAME."

Please refer to Special Instructions on page 5. For the purposes of the questions in this section, the following phrases or words are defined:

NOV 07 2001

DIVISION OF OCCUPATIONAL LICENSING  
JUNEAU

**“Ability to Practice Medicine”** includes, but is not limited to, the cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; the ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

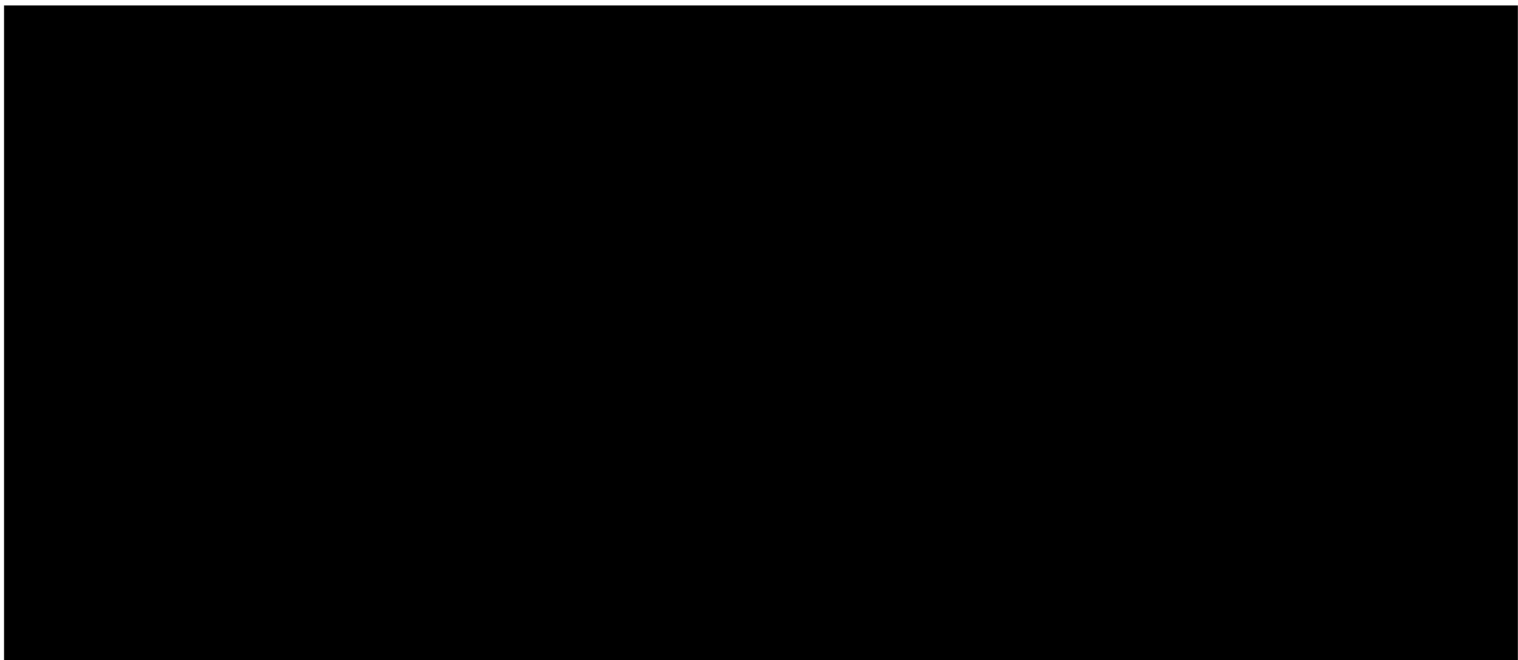
**“Chemical Substance(s)”** any natural or synthetic chemical substance, alcohol, drugs, or medications, including those chemical substances taken pursuant to a valid prescription for legitimate medical purpose and in accordance with the direction(s) of the prescribing physician, as well as those used illegally.

**“Controlled Substances”** means any substance as defined in either Alaska Statute 11.71.900 or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. Section 801 et seq. (Public Law 91-513) and any subsequent amendment(s).

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, “currently” means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant’s ability to practice medicine in a competent manner.

**“Illegal Drug Use”** means the use of an illegally obtained controlled substance or dangerous drug; the term “illegal drug use” also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed physician who prescribed the controlled substance or dangerous drug.





If you have checked "Yes," to any question above, please attach a detailed explanation.

**PART VII SWORN STATEMENT**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph that appears below is a true likeness of myself taken within the past 60 days. I understand that any false information or falsification or credentials may result in the denial of a license or permit to practice medicine in the state of Alaska.

Applicant Signature Donald C. Miller Date 10-29-01



SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of CALIFORNIA

this 1st day of NOVEMBER, 2001.

Notary Signature Gloria D. Meyer

My commission expires: MAY 21, 2003

GLORIA D. MEYER  
Commission # 1220463  
Notary Public - California  
San Bernardino County  
My Comm. Expires May 21, 2003

GLORIA D. MEYER  
Commission # 1220463  
Notary Public - California  
San Bernardino County  
My Comm. Expires May 21, 2003

NOTE: Notary Seal Must Cover the Photograph

**WARNING:** Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.





# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806, Juneau Alaska 99811-0806  
(907) 465-2541  
E-Mail: license@dced.state.ak.us

|  |
|--|
| Office <b>RECEIVED</b><br><b>NOV 07 2001</b><br><b>DIVISION OF</b><br><b>OCCUPATIONAL LICENSING</b><br><b>JUNEAU</b> |
| Orig to: _____   |
| Copy retained: _____   |

## AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, DONALD CLYDE WILLIS, residing at  
(Please print full name)  
2009 SHOSHONEERoad, Apple Valley, CA 92307, hereby authorize the  
(Please print full address)

Alaska Division of Occupational Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Occupational Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

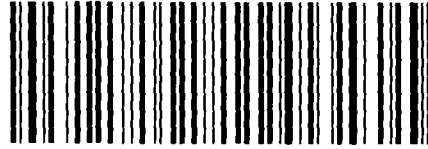
Donald C. Willis  
 Signature of Applicant  
(760) 946-6039  
 Home Phone Number  
6.26.43  
 Date of Birth

10.29.01  
 Date  
(660) 242-3539  
 Work Phone Number  
 Social Security Number

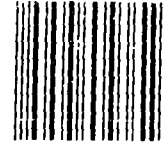
Don Willis, MD  
009 Shoshonee Rd.  
le Valley, CA 92307

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7001 1140 0003 3119 7112



RECEIVED  
FEB 13 2017  
MAIL ROOM

\$4.40

Joanie Stude, Licensing  
Examiner

ALASKA Div. of Occupational Licensing

~~P.O. Box 112806~~

Ninth Floor State Office Bldg

1/13/17

777 WILLOWGARD Ave

RECEIVED

DEC 03 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

|                   |                    |      |         |              |   |
|-------------------|--------------------|------|---------|--------------|---|
| Post-it® Fax Note | 7671               | Date | 12/3    | # of pages ▶ | 3 |
| To                | Joanie Stude       |      | From    |              |   |
| Co./Dept.         | Alaska State Board |      | Co.     |              |   |
| Phone #           |                    |      | Phone # |              |   |
| Fax #             |                    |      | Fax #   |              |   |

*Oregon Public Order*

BEFORE THE  
BOARD OF MEDICAL EXAMINERS  
STATE OF OREGON

COPY

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In the Matter of: )  
DONALD WILLIS, M.D., ) VOLUNTARY LIMITATION  
LICENSE NO. MD10994. )  
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Donald Willis, M.D. is a physician licensed to practice medicine in the State of Oregon. Pursuant to the provisions of ORS 677.410, Dr. Willis requests that the Board of Medical Examiners (Board) impose the following conditions on his license to practice medicine in the State of Oregon:

(1) Dr. Willis will practice medicine only in a supervised setting approved by the Board in advance.

(2) Dr. Willis must undergo a neuropsychological examination at his expense to be reported to the Board of Medical Examiners beginning in July 1996 and continuing every two years thereafter, or sooner if deemed appropriate by the Board.

(3) Dr. Willis will arrange to have written reports from the Chief of Staff of his approved supervised setting, and his treating psychiatrist, to be sent to the Board at each of its quarterly meetings beginning in October 1994.

Dr. Willis understands and agrees that this voluntary limitation is subject to approval by the full Board. If Dr. Willis fails to abide by the conditions imposed herein, he understands and agrees that the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning the license of Dr. Willis. Dr. Willis also

1 understands that, if this voluntary limitation is accepted by the  
 2 Board, it will be a reportable license limitation to the National  
 3 Practitioner Data Bank. This voluntary limitation also will be  
 4 reportable to any hospital or other institutional health care  
 5 provider at which Dr. Willis intends to practice, the Federation  
 6 of State Medical Boards, and, if requested by any person,  
 7 reportable as a public record.

8 IT IS SO STIPULATED this 9 day of Aug., 1994.

9  
 10 Donald Willis  
 11 Donald Willis, M.D.

12 IT IS SO ACCEPTED this 18th day of August, 1994.

13  
 14 Terry Connor  
 15 Terry Connor, D.O., Chairman  
 16 Board of Medical Examiners  
 17 State of Oregon

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 26 PJS:cfs:ros/JGG09EAE

PAGE 2 - VOLUNTARY LIMITATION (DONALD WILLIS, M.D.)



# Oregon

John A. Kitzhaber, M.D., Governor

## Board of Medical Examiners

1500 SW 1st Ave Ste 620  
Portland, OR 97201-5826  
(503) 229-5770  
FAX (503) 229-6543  
www.state.or.us

VERIFICATION OF LICENSURE  
November 20, 2001

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DIVISION OF  
OCCUPATIONAL LICENSING  
Status: Lapsed  
BUREAU

Licensee's Name: WILLIS, DONALD CLYDE MD

License Number: MD10994

Mailing Address: US FAMILY CARE  
18182 OUTER HWY 18  
APPLE VALLEY, CA 92307

Business Phone :

Gender: Male

Type: MEDICAL PHYSICIAN AND/OR SURGEON

Date of Birth: 06/26/1943

Date Permanent License: 01/13/1978

Expiration Date: 01/01/98

Standing: PUBLIC ORDER ON FILE. SEE ATTACHED.

Specialty: OBSTETRICS AND GYNECOLOGY

Limitations: NONE

Extensions: NONE

School: IN UNIV SCH/MED

Graduation Date: 02/29/76

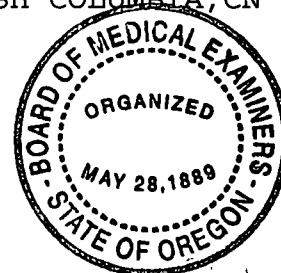
School Location: INDIANAPOLIS, IN

Basis Of Oregon Licensure: NATIONAL BOARD

Advanced Education: 07/77 - ? RESIDENT  
STANFORD UNIV MED CTR STANFORD, CA

06/76 - 06/77 INTERN  
ROYAL JUBILEE HSP VICTORIA, BRITISH COLUMBIA, CN

*R. Washington*  
-----  
Prepared by



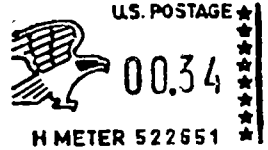
Board Seal



Oregon

BOARD OF  
MEDICAL EXAMINERS

620 Crown Plaza  
1500 SW First Avenue  
Portland, OR 97201-5826



ALASKA STATE MEDICAL BOARD  
DIVISION/ OCCUPATIONAL  
LICENSING  
PO BOX 110806  
JUNEAU AK 99811-0806

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DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

151

1/13/17

99811+0806



**Subject: FW: Status on Don Willis, MD**  
**Date:** Wed, 14 Nov 2001 16:44:42 -0900  
**From:** "Ozenna, Marie" <mozenna@anmc.org>  
**To:** "joanie\_stude@dced.state.ak.us" <joanie\_stude@dced.state.ak.us>

Hello Joanie....

Dr. Szekely the Service Chief for the OB / GYN Dept. response for a Start Date is December 3.....

Thanks.... ~mo

> -----Original Message-----  
> From: Szekely, Daniel, R  
> Sent: Wednesday, November 14, 2001 4:16 PM  
> To: Ozenna, Marie  
> Subject: RE: Status on Don Willis, MD

> Dec 3!!!!

> -----Original Message-----  
> From: Ozenna, Marie  
> Sent: Wednesday, November 14, 2001 1:44 PM  
> To: Szekely, Daniel, R  
> Cc: Pakney, Kimberly S.  
> Subject: FW: Status on Don Willis, MD

> Here's Joanie's Response re: License Status..... ~mo

> -----Original Message-----  
> From: Joanie Stude [SMTP:joanie\_stude@dced.state.ak.us]  
> Sent: Wednesday, November 14, 2001 12:59 PM  
> To: Ozenna, Marie  
> Subject: Re: Status on Don Willis, MD

> Marie,

> I just issued Dr. O'Brien's license yesterday. I have received Dr. Willis'  
> application just last week. He did not list a date that he hoped to begin  
> the  
> Locum.

> Joanie

> "Ozenna, Marie" wrote:

> > Hello Joanie.....

> > How are you ??? Happy Holidays to you !!!!

> > I was checking on the application status of Don Willis, MD who is coming  
> > from California to do locums work at our facility.... He will be  
> filling  
> > in for Dr. Mike O'Brien.....

> > Thanks Joanie.... Take Care.... ~mo



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> > in for Dr. Mike O'Brien.....

> > Thanks Joanie.... Take Care.... -mo

No. 2091  
Effective: 01/22/2002  
Expires: 03/23/2002

**STATE OF ALASKA**  
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT  
Division of Occupational Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**STATE MEDICAL BOARD**

Certifies that

**DONALD CLYDE WILLIS**  
IS A PHYSICIAN  
**WHO HOLDS A LOCUM TENENS PERMIT**

LOCUM TENENS FOR MICHAEL O'BRIEN, MD

Commissioner: Deborah B. Sedwick

Wallet Card

|  |            |               |
|--|------------|---------------|
| No. 2091   |            |               |
| State Of Alaska                                  |            |               |
| Department of Community and Economic Development |            |               |
| Division of Occupational Licensing               |            |               |
| DONALD CLYDE WILLIS                              |            |               |
| IS A PHYSICIAN                                   |            |               |
| WHO HOLDS A LOCUM TENENS PERMIT                  |            |               |
| Effective  | Expiration | Date of Birth |
| 01/22/2002                                       | 03/23/2002 | 06/26/1943    |
| LOCUM TENENS FOR MICHAEL O'BRIEN, MD             |            |               |
| Signature _____                                  |            |               |

THREE EXTENSIONS OF THE PERMIT MAY BE GIVEN. EXTENSIONS MUST BE REQUESTED IN WRITING AND RECEIVED AT LEAST 3 WEEKS BEFORE THE PERMIT EXPIRES.

REQUEST MUST BE WRITTEN BY HOSPITAL, CLINIC OR STAFF OF THE OFFICE WHERE WORKING LOCUM ASSIGNMENT & STATE THE REASON FOR EXTENSION, A BRIEF PERFORMANCE APPRAISAL OF YOUR WORK & NAME OF THE PHYSICIAN FOR WHOM YOU ARE SUBSTITUTING. THE REQUEST MUST BE ACCOMPANIED BY A \$200 FEE.

IF YOUR PERMIT EXPIRES BEFORE REQUESTING AN EXTENSION, YOU MUST REAPPLY.

MED

DONALD CLYDE WILLIS  
20009 SHOSHONEE ROAD  
APPLE VALLEY CA 92307

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
(907) 465-2541

Date 11-19-01

Donald Willis, MD  
20009 Shoshonee Rd.  
Apple Valley, CA 92307

Your application for a locum tenens permit to allow you to practice medicine and surgery in the State of Alaska has been received by the State Medical Board. This office will not guarantee processing of last-minute applications for locum tenens permits.

\_\_\_\_\_ Your file is complete and has been approved for the locum tenens permit. Your start date is shown as \_\_\_\_\_ Your permit will be mailed on \_\_\_\_\_

\_\_\_\_\_ Your file has been forwarded for further review to the board's Executive Administrator, at (907) 269-8163. Processing is continuing.

X \_\_\_\_\_ Your file is incomplete and you must submit the following before you can be approved for the locum tenens permit:

- \_\_\_\_\_ 1. Completed application \_\_\_\_\_
- \_\_\_\_\_ 2. Biographical Data Sheet
- \_\_\_\_\_ 3. Locum Tenens application/permit fee: \$350 - Made payable to the State of Alaska
- \_\_\_\_\_ 4. Completed Authorization to Release Records Form
- \_\_\_\_\_ 5. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign, and seal) or transcript or original letter on letterhead.
- \_\_\_\_\_ 6. Certified true copy of your internship/residency certificate (notary public must state "true copy of original," sign, and seal) or original letter on letterhead from program. If you graduated from medical school before January 1, 1995, you must verify completion of one year of postgraduate training OR if you graduated from medical school on or after January 1, 1995, you must verify completion of two years of postgraduate training. Foreign-trained graduates must provide proof of three years of postgraduate training in the United States regardless of the year of graduation.
- 12-7 X \_\_\_\_\_ 7. Verifications of license(s) in Oregon, California<sup>12-7</sup> \_\_\_\_\_
- \_\_\_\_\_ 8. Federation Clearance
- \_\_\_\_\_ 9. Name of Alaska physician for whom you are serving a locum:  
\_\_\_\_\_
- \_\_\_\_\_ 10. Date of locum assignment: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please remember it is your responsibility to keep this office advised of your current mailing address at all times. If you have any questions, please contact this office at (907) 465-2541.

*Joanie Stude*  
Licensing Examiner  
State Medical Board

# INDIANA UNIVERSITY

## School of Medicine

*Go all to whom these Presents may come, Greeting;*

*By vote of the Faculty and with the consent of the Board of Trustees, Indiana University hereby confers upon*

**Donald Clyde Willis**

*who has complied with all the requirements of the University and has successfully completed the studies prescribed for graduation in the School of Medicine the degree*

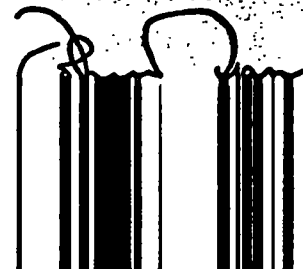
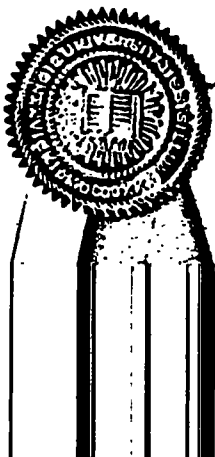
**Doctor of Medicine**

*with all the rights and privileges thereunto appertaining.*

*Handwritten note: Had an appeal of what I did in the program for 2/16/07*

*In Testimony Whereof, this Diploma is issued, sealed with the Seal of the University, signed by the President of the University, Vice President, and by the Dean of the School of Medicine, and attested by the Secretary of the Trustees.*

*Done at Indiana University - Purdue University at Indianapolis, Indiana, this twenty-ninth day of February 1916.*



NOV 07 2001  
DIVISION OF  
OCCUPATIONAL LICENSING  
(I)INEAU

# Royal Jubilee Hospital

Victoria, B.C.  
Diploma

This is to Certify that  
**A. C. Willis, M.D.**  
has satisfactorily completed a  
Junior Rotating Internship  
from June 15, 1976 to June 14, 1977  
in this hospital.

In Witness Whereof the undersigned have affixed their signatures

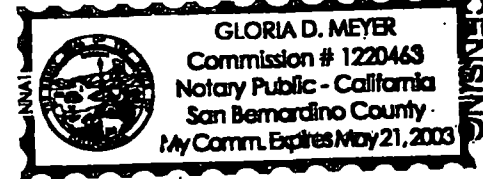
this 14<sup>th</sup> day of June 1977

C. G. Whitt  
PRESIDENT BOARD OF DIRECTORS

[Signature]  
PROGRAM DIRECTOR



I certify this to be a true copy  
of the original document  
Gloria D Meyer



VISION OF  
AU  
NNAI  
LICENSING

# Stanford University Medical Center

STANFORD UNIVERSITY HOSPITAL / STANFORD UNIVERSITY SCHOOL OF MEDICINE



THIS IS TO CERTIFY THAT

Donald Clyde Willis, M.D., Ph.D.

HAS SERVED AS

Resident in Gynecology and Obstetrics, July 1, 1977 - June 30, 1980  
Chief Resident in Gynecology and Obstetrics, July 1, 1979 - June 30, 1980

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DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU



*[Signature]*

Physician-in-Chief

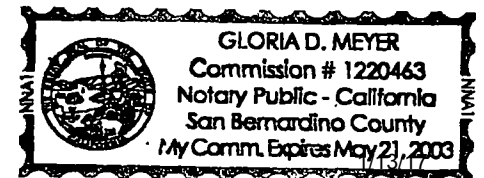
*[Signature]*

Director of Hospital

*[Signature]*

Dean of the School of Medicine

I certify this to be a true copy  
of the original document  
*[Signature]*

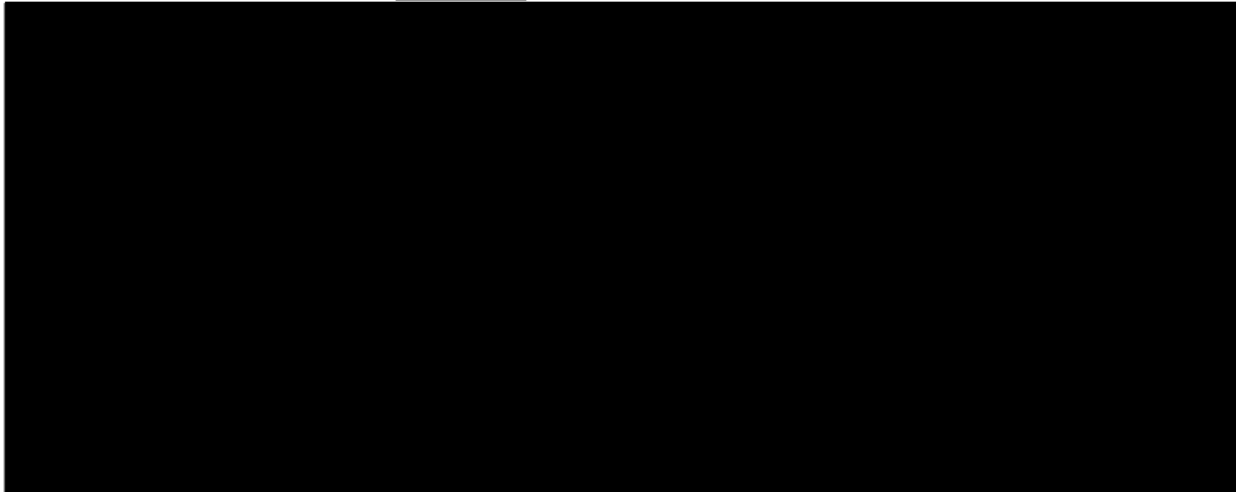


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DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Donald C. Willis, M.D.  
Entry in My Name



the Oregon Medical Board evaluated me and placed a "Voluntary Limitation" on my medical license. The word "voluntary" refers to my acceptance of the following limitations without contest:

1. Re-entry to practice must be supervised
2. Neuropsychological examination must be repeated every 2 years and be reported to the Board
3. Chief of Staff of the supervised setting must send written reports to Board every quarter
4. Psychiatrist must send written reports to Board every quarter

The Oregon Medical Board reported the Voluntary Limitation to the NPDB even though the Limitation was not a license restriction, not disciplinary, and not probation.

I re-located to California shortly after the Board's decision to use a Voluntary Limitation. The Medical Board of California evaluated me in a hearing and decided that the Oregon action had no bearing on my California license.

The Medical Board of California then made a formal decision to leave my California Medical License unrestricted in any way. Therefore, my California License has never been restricted, nor have I been disciplined or placed on probation by the California Medical Board at any time.

Although the California Board did not require that I adhere to the 4 limitations identified above, I chose to do so voluntarily for my own safety and that of my patients. My Chief of Staff and psychiatrist gave me valuable feedback more often than quarterly, but neither sent written reports to the California Board since reports were not required,

My California License remains unrestricted, not limited, and not subjected to disciplinary action or probation.

*DW*  
Donald C. Willis, M.D.

*Donald C. Willis*

11-1-01

1/13/17

DONALD C. WILLIS, M.D.  
MALPRACTICE CLAIM

Plaintiff: [REDACTED] parents of unborn child

Date of occurrence: 3-13-00 Allegation: Wrongful death of unborn child

Location of incident: Barstow Community Hospital, Barstow, CA

Additional Defendants: Dr. Viruch Vachirakorntong  
Barstow Community Hospital

This event occurred when I was on call for Dr. Viruch Vachirakorntong for his patients in Victorville-Apple Valley, where I live, and back-up call 30 miles away in Barstow.

During the evening of 3-13-00, I was attending patients at Victor Valley Community Hospital in Victorville. I received a page from the RN in Labor & Delivery at Barstow Community Hospital and was told that the fetal heart rate of [REDACTED] a patient of Dr. Vachirakorntong, indicated fetal distress. I gave instructions to prepare for an immediate cesarean birth and proceeded immediately by private car the 30 miles to Barstow. The nurses offered no explanation as to why they called me, the M.D. on back-up call, rather than calling the M.D. on first call for Dr. Vachirakorntong's Barstow patients.

When I arrived at Barstow Community Hospital, fetal heart sounds were not detected. I performed a stat cesarean birth and delivered a stillborn baby.

Status of Case as of 9-23-01 (Outcome unknown)

Defense attorney is in early stages of exploration but has stated her expectation that my exposure is low due to my status as back-up physician rather than primary physician.

*Donald C. Willis*

Donald C. Willis, M.D.

*Donald C. Willis*  
11-1-01



DONALD C. WILLIS, M.D.

MALPRACTICE CLAIM

Plaintiff: Survivor

Date of Occurrence: 10-25-99

Allegation: Perforation of small bowel resulting in Wrongful Death

Location of Incident: Victor Valley Community Hospital, Victorville, CA

Additional Defendants: Victor Valley Community Hospital and  
Dr. Vincent Ajanwachuku, general surgeon

TAH, BSO on a patient of 300 pounds, 5' 6", performed by me, Dr. Willis, on 10-25-99. Small bowel obstruction developed post-op due to wound dehiscence secondary to her obesity. General surgeon consulted on case and took patient back to OR to correct bowel obstruction. Patient arrested and died in PAR after surgery by general surgeon.

Allegation against me, Dr. Willis--Wrongful Death since I had performed her original surgery.

Allegation against Dr. Ajanwachuku--Wrongful Death due to delay in performing surgery to correct small bowel obstruction.

Outcome: I settled on 9-11-01 for \$29,999.99 (under the minimum reportable to the Medical Board of Calif.). Plaintiff accepted my offer of settlement since Expert Witnesses had determined in deposition that I had not perforated the small bowel or performed below the standard of care even though it was my surgery that resulted in the dehiscence that created the small bowel obstruction. General surgeon settled for \$80,000 and hospital settled for \$20,000.

*Donald C. Willis*

Donald C. Willis, M.D.

9-13-01

*Donald C. Willis*

11-1-01

*Donald C. Willis, M.D., F.A.C.O.G.*

*Obstetrics, Gynecology, and Infertility*

*Diplomate, American Board of Obstetrics & Gynecology*

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DIVISION OF

OCCUPATIONAL LICENSING

JUINEAU

Patient name [REDACTED]

Date of surgery: 4-1-98

Carrier: PHICO

Background condition: Pelvic pain and pain with intercourse caused by symptomatic uterine myomas unresponsive to medical therapy

Surgical treatment which I rendered: Total abdominal hysterectomy

Complication: post-op vesico-vaginal fistula

The occurrence was unrecognized during surgery since no operative complications were noted.

The patient came to my office during her post-op recovery and stated that she was observing slight flow of fluid from her vagina. I considered vesico-vaginal fistula but dismissed it as not probable. On exam in the office, I could see scant fluid and could not see where it was coming from. Thinking that it may be coming from the peritoneal cavity and then flowing into the vagina through the open vaginal cuff, I decided to laparoscope her. On laparoscopy, findings were negative though on vaginal exam under the same anesthesia I saw two tiny slits in the healed portion of the vaginal cuff which I oversewed. Thereafter she continued to leak and saw another OB/GYN physician who diagnosed the fistula.

Review of this case with my attorney indicated that I had been slow to make the diagnosis. We settled the case for \$12,000 in April, 2000.

*Donald C. Willis*  
Donald C. Willis, M.D.

*Donald C. Willis*

11-1-01



# Oregon

John A. Kitzhaber, M.D., Governor

## Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5826

(503) 229-5770

FAX (503) 229-6543

www.bme.state.or.us

December 4, 2001

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DEC 07 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Joanie Stude  
Alaska State Medical Board  
PO Box 110806  
Juneau, AK 99811

**Re: DONALD CLYDE WILLIS, MD**  
**License #: MD10994**

This is in response to your inquiry about the standing of the above-named licensee. Enclosed are copies of the legal orders checked below, pursuant to ORS 677.425.

- Voluntary Limitation, 8/18/94

Kathleen Haley  
Executive Director

Carol Hallberg  
Investigations Secretary

Encl.



COPY

BEFORE THE  
BOARD OF MEDICAL EXAMINERS  
STATE OF OREGON

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In the Matter of: )  
DONALD WILLIS, M.D., ) VOLUNTARY LIMITATION  
LICENSE NO. MD10994. )  
\_\_\_\_\_ )

Donald Willis, M.D. is a physician licensed to practice medicine in the State of Oregon. Pursuant to the provisions of ORS 677.410, Dr. Willis requests that the Board of Medical Examiners (Board) impose the following conditions on his license to practice medicine in the State of Oregon:

(1) Dr. Willis will practice medicine only in a supervised setting approved by the Board in advance.

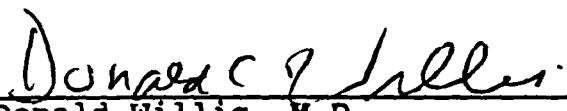
(2) Dr. Willis must undergo a neuropsychological examination at his expense to be reported to the Board of Medical Examiners beginning in July 1996 and continuing every two years thereafter, or sooner if deemed appropriate by the Board.

(3) Dr. Willis will arrange to have written reports from the Chief of Staff of his approved supervised setting, and his treating psychiatrist, to be sent to the Board at each of its quarterly meetings beginning in October 1994.


Dr. Willis understands and agrees that this voluntary limitation is subject to approval by the full Board. If Dr. Willis fails to abide by the conditions imposed herein, he understands and agrees that the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning the license of Dr. Willis. Dr. Willis also

1 understands that, if this voluntary limitation is accepted by the  
2 Board, it will be a reportable license limitation to the National  
3 Practitioner Data Bank. This voluntary limitation also will be  
4 reportable to any hospital or other institutional health care  
5 provider at which Dr. Willis intends to practice, the Federation  
6 of State Medical Boards, and, if requested by any person,  
7 reportable as a public record.

8 IT IS SO STIPULATED this 9 day of Aug., 1994.

9  
10   
11 Donald Willis, M.D.

12 IT IS SO ACCEPTED this 18th day of August, 1994.

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15 Terry Connor, D.O., Chairman  
16 Board of Medical Examiners  
17 State of Oregon

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PAGE 2 - VOLUNTARY LIMITATION (DONALD WILLIS, M.D.)



## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM  
 1428 HOWE AVE, SUITE 58  
 SACRAMENTO CA 95825-3236  
 TELEPHONE: (916) 263-2382  
 FAX: (916) 263-2944



www.medbd.ca.gov

November 21, 2001

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 DIVISION OF OCCUPATIONAL LICENSING  
 PO BOX 110806  
 JUNEAU AK 99811-0806

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 DIVISION OF  
 OCCUPATIONAL LICENSING  
 JUNEAU

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: DONALD CLYDE WILLIS  
 License No.: G 35712  
 Issued: October 17, 1977  
 Exam Type: A written examination  
 Expiration Date: June 30, 2003  
 Status: Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

*Lucinda James*

Lucinda James  
 Acting Chief, Division of Licensing

SEAL



# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
 Division of Occupational Licensing  
 (333 Willoughby Avenue - Ninth Floor)  
 Post Office Box 110806 Juneau AK 99811-0806  
 (907) 465-2541  
 E-mail: license@dced.state.ak.us

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 DIVISION OF

## VERIFICATION OF LICENSURE - PHYSICIAN

11-20-01  
 m

### Instructions to the Applicant:

Please complete the top portion of this form and forward it to all states, territories, or other countries' licensing jurisdictions where you have ever been licensed. Copy this form as needed.

01806

|                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Full Name (Last, First, Middle) | Maiden or Other Names Used: | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD CLYDE            |                             | 06-26-1943                 |
| Mailing Address (Street)        |                             | Place of Birth             |
| 20009 SHOSHONGE Rd              |                             | BERKELEY, CA USA           |
| City/State/Zip                  |                             | Social Security Number     |
| APPLE VALLEY, CA 92307          |                             | [REDACTED]                 |
| Signature of Applicant          |                             | Date of Signature          |
| Donald C Willis                 |                             | 10-29-01                   |

*Applicant: Do not detach - do not write below this line.*

### Instructions to the Licensing Agency:

Please provide the information requested below for the physician identified above and return this document directly to the Alaska State Medical Board.

|  |            |                        |            |
|--|------------|------------------------|------------|
| STATE                                  | CALIFORNIA | LICENSE NUMBER         | G35712     |
| INITIAL ISSUE DATE                     | 10-17-77   | EXPIRATION DATE        | 06/30/2003 |
| BASIS OF LICENSURE (FLEX, USMLE, etc.) |            | CURRENT LICENSE STATUS | Active     |

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction?  No  Yes
- Is any such investigation pending?  No  Yes
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction?  No  Yes
- Is any such action pending?  No  Yes
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, or in any other manner (including being placed on probation) limited by a licensing or disciplinary authority in your state?  No  Yes
- To your knowledge, is there any derogatory information regarding this applicant?  No  Yes

(Board Seal)

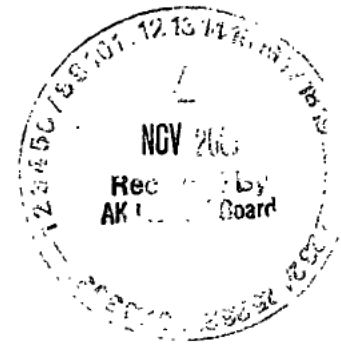
Signed by \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

The Federation of State Medical Boards  
of the United States, Inc.  
Federation Place  
400 Fuller Wiser Road, Suite 300  
Eules, Texas 76039-3855  
Telephone: (817) 868-4000  
FAX (817) 868-4099



November 7, 2001

Alaska State Medical Board  
Attn: Leslie Abel  
3601 C Street - Suite 722  
Anchorage, AK 99503

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OCCUPATIONAL LICENSING  
JINEAU

Re: Donald Clyde Willis, MD

In response to your recent inquiry concerning the above referenced physician, the following summary of the reported information is provided.

Physician Identification:

Name: Donald Clyde Willis, MD  
DOB: 06/26/1943  
SSN: [REDACTED]  
Medical School: Indiana Univ Indianapolis  
Indianapolis, Indiana USA  
Year of Grad: 1976

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**SUMMARY OF REPORTED ACTIONS**

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Reporting State/Agency: OREGON  
Date Of Order: 08/18/1994  
Form of Order: Agreement

Action(s): RESTRICTED TO A SUPERVISED SETTING  
Additional Detail: Voluntary limitation: shall practice medicine only in a supervised setting approved by the Board in advance.

REQUIRED TO SUBMIT TO MENTAL/PHYSICAL EXAMINATION

Basis for Action(s): Undetermined

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**LICENSE HISTORY**

State Board  
CALIFORNIA  
OREGON

License Number  
G-00035712  
MD10994

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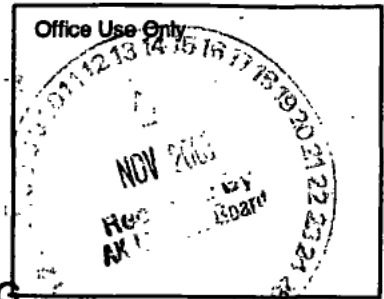
PLEASE NOTE: For more information regarding the above information, please contact the reporting state board or reporting agency. The information contained in this report was supplied voluntarily by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy of such information and assumes no responsibility for any errors or omissions contained therein.





# ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development  
Division of Occupational Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806, Juneau Alaska 99811-0806  
(907) 465-2541  
E-Mail: license@dced.state.ak.us



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**NOV 15 2001**  
**DIVISION OF**  
**OCCUPATIONAL LICENSING**  
**(JUNEAU)**

## PHYSICIAN BOARD ACTION DATA BANK INQUIRY

**Instructions to the Applicant:** Please complete the information below. Type or print legibly. MAIL THIS REQUEST FORM TO:

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.  
Federation Place  
400 Fuller Wiser Road  
Eules TX 76039  
(817) 868-4000

|  |                    |                                   |                            |
|--|--------------------|-----------------------------------|----------------------------|
| Full Name (Last, First, Middle)                |                    | Maiden or Other Names Used:       | Date of Birth (MM/DD/YYYY) |
| WILLIS, DONALD CLYDE                           |                    |                                   | 06-26-1943                 |
| Mailing Address (Street)                       |                    | Place of Birth                    |                            |
| 2009 SHOSHONE ROAD                             |                    | BERKELEY, CA US 4                 |                            |
| City/State/Zip                                 |                    | Social Security Number            |                            |
| APPLE VALLEY, CA 92307                         |                    | [REDACTED]                        |                            |
| Medical/Osteopathic School (Name and Location) | Year of Graduation | If International Grad., ECFMG No. |                            |
| INDIANA UNIV<br>INDIANAPOLIS, IN USA           | 1976               |                                   |                            |

(Applicant - Do Not Write Below This Line - Do Not Detach.)

**Instructions to the Data Bank Staff:** Please search the data bank for any record of this practitioner. Please forward your report to the medical board at the letterhead address.

**FOR FEDERATION USE ONLY**