

License #: MEDS1992  
Effective: 12/06/2016  
Expires: 12/31/2018

**STATE OF ALASKA**  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing

**Medical**

Licensee: **SUSAN MAE LEMAGIE**

License Type: **Physician**

Status: **Active**

Commissioner: Chris Hladick

**Relationships**

RelationType	License #	LicenseType	Owners/Entities	Names/DBA	Type	Group
Sponsoree	MEDM814	Mobile Intensive Care Paramedic	TERESA MAHAFFEY		Obstetrics and Gynecology	Specialties

**Designations**

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER, AK 99645  
03/13/2017

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing Medical SUSAN MAE LEMAGIE As Physician		
License MEDS1992	Effective 12/06/2016	Expires 12/31/2018 0001



THE STATE

of **ALASKA**

**MED**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing  
PO Box 110806, Juneau, AK 99811-0806  
(907) 465-2550 • Email: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov)

## 2016 Online Renewal - Fee: \$300.00

Physician

**License Number:** MEDS1992  
**Program:** Medical  
**Type:** Physician  
**Current Status:** Active  
**Issue Date:** 11/1/1983  
**Current Effective Date:** 12/4/2014  
**Current Expiration Date:** 12/31/2016  
**Owner(s):** SUSAN MAE LEMAGIE  
**Mailing Address:** 425 E DAHLIA, STE J, PALMER, AK 99645

## Biennial License Renewal

Your MD, DO or DPM medical license lapses after December 31, 2016. There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website:  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

## Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence address.



Practice Address

# Email Agreement

By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.



Send my correspondence by Email

Email address:

`gyn@mtaonline.net`

## Other licenses

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

Washington State Medical License

## Professional Conduct

The following questions must be answered. If you answer "Yes" to any of the questions, you cannot continue with online renewal. You must submit the paper renewal application form along with required explanation and documentation regarding any "yes" answer(s).

- No (1) Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- No (2) Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- No (3) Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?
- No (4) Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- No (5) Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- No (6) Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- No (7) Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- No (8) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

- No (9) Since the date of your last application for a license in Alaska or within the past two years 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?
- No (10) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- No (11) Since the date of your last application for a license in Alaska or within the past two years 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?
- No If you responded yes to the question above, has such settlement already been reported to the board? If no, you must submit a Medical Malpractice report immediately. IF THIS QUESTION IS NOT APPLICABLE, PLEASE RESPOND "NO".
- No (12) Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

## **Continuing Medical Education**

### **Statement of Compliance**

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2015 and December 31, 2016 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in Professional Regulations 12 AAC 40.200 - 240, as follows:

(check ONE of the following)



Renewal for licenses issued on or before December 31, 2014: I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or APMA-approved education, or the equivalent education allowed by regulation, between January 1, 2015 and December 31, 2016.

**RANDOM AUDIT:** The board will conduct a random audit of five percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

## **Electronic Signature**

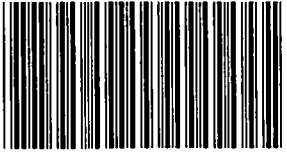
I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Name:** SUSAN LEMAGIE MD

**Contact Phone:** 907 745-8379



MEDS1992



4887555



03/13/2017

New Packet?

0006

**Alaska Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing**

**Disclaimer:**

The Division of Corporations, Business and Professional Licensing, in accordance with AS 40.21 and 4 AAC 59 has scanned this professional license record from a hardcopy file. Every effort has been made to reproduce the documents completely, clearly, and with maximum accuracy. Due to the age and quality of the original documentation some images may not appear clearly. Please be aware while most of the information contained in professional license records are public information, this file contains information that may be confidential pursuant to state law. Check with the Division paralegal or records officer before distributing this information.



No. 1992  
Effective: 12/04/2014  
Expires: 12/31/2016

**STATE OF ALASKA**  
DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT  
Division of Corporations, Business and Professional Licensing

STATE MEDICAL BOARD  
Certifies that  
**SUSAN MAE LEMAGIE**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Fred Parady

Wallet Card

No. 1992		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
<b>SUSAN MAE LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
Effective 12/04/2014	Exniration 12/31/2016	Date of Birth 11/07/1951
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REPORTING REQUIREMENTS FOR MALPRACTICE SETTLEMENTS.

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.

Division website: <http://www.commerce.alaska.gov/occ>  
Division e-mail: [license@alaska.gov](mailto:license@alaska.gov)

MED

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER AK 99645



# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**Physician - Biennial License Renewal**  
**January 1 2015 - December 31 2016**

**Online  
Renewal**

## Personal Information:

Name LEMAGIE SUSAN MA License MEDS1992

### Address of Record

425 E DAHLIA, STE

PALMER AK 99645

### Alternate Address

3009 LAKESHORE LOOF

PALMER AK 99645

Spec OBSTETRICS AND GYNECOLOGY  
States

Phone 907-745-8376

Fax 907-745-0150

Email jfairfield@gmail.com

## Web Information:

Receipt 10372756

Web Date 12/04/14

XID

Auth Code 045471

Web Total

Successful Y

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

YES

## Professional Fitness Questions

- 1 Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending? NO
- 3 Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
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- 9 Since the date of your last application for a license in Alaska or within the past two years 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? NO
- 10 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Since the date of your last application for a license in Alaska or within the past two years 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? NO
- 12 If you responded yes to question 11, has such settlement already been reported to the board? NO
- 13 Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

**Continuing Education Questions**

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2013 through 12/31/2014.

No. 1992  
Effective: 10/29/2012  
Expires: 12/31/2014

**STATE OF ALASKA**  
DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT  
Division of Corporations, Business and Professional Licensing

STATE MEDICAL BOARD  
Certifies that  
**SUSAN MAE LEMAGIE**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Susan K. Bell

Wallet Card

No. 1992		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
<b>SUSAN MAE LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
Effective 10/29/2012	Expiration 12/31/2014	Date of Birth 11/07/1951
Signature _____		

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Division e-mail: [license@alaska.gov](mailto:license@alaska.gov)

MED

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER AK 99645

# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806

**Physician - Biennial License Renewal**  
**January 1 2013 - December 31 2014**

**Online  
Renewal**

## Personal Information:

Name LEMAGIE SUSAN MAI License MEDS1992

### Address of Record

425 E DAHLIA, STE 1

PALMER AK 99645

### Alternate Address

3009 LAKESHORE LOOP

PALMER AK 99645

Spec OBSTETRICS AND GYNECOLOGY  
States

Phone 907-745-8379

Fax 907-745-0153

Email gyn@mtaonline.net

## Web Information:

Receipt 10142611

Web Date 10/29/12

XID

Auth Code 03788G

Web Total

Successful Y

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YES

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- 8 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Since the date of your last application for a license in Alaska or within the past two years 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? NO
- 10 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Since the date of your last application for a license in Alaska or within the past two years 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? NO

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**Continuing Education Questions**

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2011 through 12/31/2012.

**NOTE: THIS NOTICE IS NOT YOUR RENEWAL APPLICATION!**

Please send the Medical Renewal Form to me by mail. !

Please print legibly and include your license number.

10.21  
ja  
Name: SOSAN LEMAGIE MD

Address: 425 E DALLIA AVE #J

City: PALMER State: AK Zip: 99645

License Number: \_\_\_\_\_ -1992

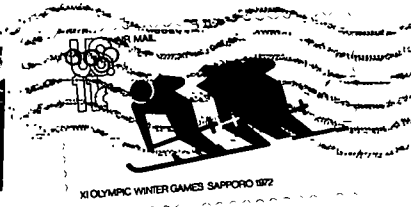
To receive your renewal form by mail, fill out this card, cut at dotted line, and send back to Division of Corporations, Business and Professional Licensing.

Return address on back for your convenience.

03/13/2017

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**Division of Corporations, Business  
and Professional Licensing**

**OCT 20 2010**

**RECEIVED  
JUNEAU**

State of Alaska  
Department of Commerce, Community and  
Economic Development  
Division of Corporations, Business and  
Professional Licensing  
**MEDICAL BOARD**  
PO Box 110806  
Juneau, AK 99811-0806

03/13/2017

0015



No. 1992

Effective: 11/13/2010

Expires: 12/31/2012

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

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

## STATE MEDICAL BOARD

Certifies that

# SUSAN MAE LEMAGIE

IS A LICENSED

## PHYSICIAN

Commissioner: Susan K. Bell

### Wallet Card

No. 1992	State Of Alaska	
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
<b>SUSAN MAE LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
<b>Effective</b> 11/13/2010	<b>Expiration</b> 12/31/2012	<b>Date of Birth</b> 11/07/1951
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF 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.

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Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER AK 99645



3596930



**ALASKA STATE MEDICAL BOARD**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing  
Post Office Box 110806  
Juneau AK 99811-0806  
(333 Willoughby Street - Ninth Floor)  
Phone: (907) 465-2541  
E-mail: medicalboard@alaska.gov

<b>RECEIVED JUNEAUMED</b>	
NOV 01 2010 <i>✓3000W</i>	
Division of Corporations, Business and Professional Licensing	
Receipt No.	Amount

Renew Online at  
<http://www.commerce.state.ak.us/occ/pmmed.htm>

Susan Lemagie  
425 E Dahlia Ave Ste J  
Palmer AK 99645

**MEDICAL LICENSE (MD / DO / DPM)  
RENEWAL APPLICATION**

For the Period of January 1, 2011 through December 31, 2012

**INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.**

Your license to practice medicine in Alaska lapses December 31, 2010. 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 or use the attached credit card payment form. **Faxed or emailed applications will not be accepted.** 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. Please see additional information on pages 4 and 5.

**TYPE OF RENEWAL:** (Check appropriate box.)

**Active License**  
\$300

**Inactive License**  
\$125

**Retired License**  
\$50

**PERSONAL INFORMATION:** (Please print legibly or type.)

Name (Last, First, Middle) <b>LEMAGIE SUSAN M</b>		License No. <b>MD 1992</b>	Gender <input checked="" type="checkbox"/> F <input type="checkbox"/> M
Practice Address (Complete address) <b>425 E DAHLIA AVE SUITE J PALMER AK 99645</b>		Use as Address of Record <input checked="" type="checkbox"/>	
Residence Address (Complete address) <b>3009 LAKE SHORE LOOP PALMER AK</b>		(Mark Only One as Address of Record) Use as Address of Record <input type="checkbox"/>	
Work Telephone <b>(907) 745-8379</b>	Fax <b>(907) 745-0153</b>	Email Address: <b>GYN@MTAONLINE.NET</b>	
Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) <b>11 10 1951</b>	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**REQUIRED INFORMATION:**

Practice Specialty <b>GYN</b>	Subspecialty
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. (Attach a separate sheet if needed.)	

**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 relevant dates and circumstances. Attach copies of any supporting documents that are applicable (court records, board actions, etc.). Failure to attach a detailed explanation will result in the application 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.

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

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

- 1)  No  Yes Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- 2)  No  Yes Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending?
- 3)  No  Yes Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?
- 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 or is any such action pending?
- 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 or is any such action pending?
- 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 been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- 8)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
- 9)  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?
- 10)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- 11)  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?
- 12)  No  Yes *NA* If you responded 'yes' to question 11, has such settlement already been reported to the board?
- 13)  No  Yes Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

*Please attach a separate sheet and supporting documents explaining any 'yes' responses to the questions in this application.*

## CONTINUING MEDICAL EDUCATION

As provided by regulations 12 AAC 40.200, 210, 220, and 240 (see page 5), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

If your license number is:

From 01/01/2009 to 12/31/2010, you must have been awarded:

0001 to 6503 ..... At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or (licensed prior to 12/31/2006) the equivalent education allowed by regulation.

6504 to 6758 ..... At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or (licensed during 2009) the equivalent education allowed by regulation.

Only those CME hours actually awarded between January 1, 2009 and December 31, 2010 may be used to satisfy the requirements for the licensing period of 2009-10.

### YOU MAY BE AUDITED!

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

### CME STATEMENT OF COMPLIANCE (Check one):

YES ..... I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2009 through 12/31/2010.

NO ..... I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Corporations, Business and Professional Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.

NO ..... I am renewing my license as a RETIRED LICENSE.

### STATEMENT

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska.



Applicant's Signature

Date

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 medicine by fraud, deceit, or misrepresentation. The person may also be subject to criminal charges under AS 11.56.210 and AS 11.56.230.

**General Information You Should Know:**

<b>Renewal Due Date</b>	For renewal prior to December 31, 2010, your completed renewal form and fees must be received in our office no later than December 1, 2010. 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. Please allow additional time for processing if you answer "yes" to any of the professional fitness questions.
<b>Online Renewals</b>	You may wish to renew your license via the Internet. Please go to <a href="http://www.commerce.state.ak.us/occ/pmed.htm">www.commerce.state.ak.us/occ/pmed.htm</a> and click on the button "Online Renewals". Complete the application and submit your credit card information for payment of the fees. Your license will be printed and mailed to you from the Juneau office. On-line renewal may not be available under certain circumstances.
<b>Name Changes</b>	If you have had a legal name change since your last license was issued, attach to the renewal form a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.
<b>Social Security Numbers</b>	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. This number is not released to the public.
<b>Lapsed Licenses</b>	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 5 of this application). Licenses that are expired for more than five years may not be renewed or reinstated.
<b>Inactive Licenses</b>	You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review regulation 12 AAC 40.033 (page 5 of this application), regarding reactivation requirements.
<b>Retired Licenses</b>	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 regulation 12 AAC 40.031 regarding reactivation requirements that are included on page 5 of this application.
<b>Payment of Child Support or Student Loans</b>	If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.
<b>Public Information</b>	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 of Corporations, Business, and Professional Licensing's website at <a href="http://www.commerce.state.ak.us/occ">www.commerce.state.ak.us/occ</a> under "License Search."

**BEFORE YOU MAIL THIS RENEWAL APPLICATION, HAVE YOU:**

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

**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 Commerce, Community, and Economic Development  
 Division of Corporations, Business, and Professional Licensing  
 Post Office Box 110806  
 Juneau AK 99811-0806

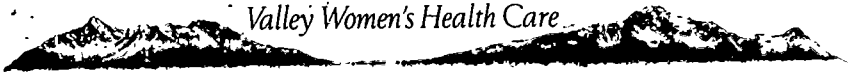
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 JUNEAU**

**NOV 01 2010**

08-0077 (Rev 09/29/10)  
 Division of Corporations, Business  
 and Professional Licensing

Physician Renewal Application

Page 4 of 6



Valley Women's Health Care

SUSAN LEMAGIE, M.D., FACOG

425 East Dahha, Suite J

Palmer, Alaska 99645-907-745-8379

**\$0.44 0**  
US POSTAGE  
FIRST-CLASS  
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ALASKA MEDICAL BOARD  
PO BOX 110806  
JUNEAU AK 99811-0806

03/13/2017

001110806



0021

No. 1992

Effective: 10/17/2008

Expires: 12/31/2010

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

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

## STATE MEDICAL BOARD

Certifies that

# SUSAN MAE LEMAGIE

IS A LICENSED

## PHYSICIAN

Commissioner: Emil Notti

Wallet Card

No. 1992                      State Of Alaska

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**SUSAN MAE LEMAGIE**

IS A LICENSED  
PHYSICIAN

Effective	Expiration	Date of Birth
10/17/2008	12/31/2010	11/07/1951

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF 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.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER AK 99645

# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806

**Physician - Biennial License Renewal  
January 1 2009 - December 31 2010**

**Online  
Renewal**

## Personal Information:

Name LEMAGIE SUSAN MAE License MEDS1992

### Address of Record

425 E DAHLIA, STE .

PALMER AK 99645

### Alternate Address

3009 Lakeshore Loop

Palmer AK 99645

Spec OBSTETRICS AND GYNECOLOGY

Phone 907-745-8379

Fax 745-0153

States

Email gyn@mtaonline.net

## Web Information:

Receipt 6535449

Web Date 10/17/08

XID 27508105

Auth Code 03145A

Web Total 590

Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I affirm that I am the individual applying for the renewal of this license. I further certify that the information provided is true and correct. I understand that all information is subject to review.

YES

## Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
- 6 Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
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- 9 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? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 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? NO
- 12 If you responded "yes" to question 11, has such settlement already been reported to the board? NO
- 13 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

## Continuing Education Questions

- CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2007 through 12/31/2008.

No. 1992  
Effective: 12/19/2006  
Expires: 12/31/2008

**STATE OF ALASKA**  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC  
DEVELOPMENT  
Division of Occupational Licensing  
**STATE MEDICAL BOARD**

Certifies that

**SUSAN MAE LEMAGIE**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Emil Notti

Wallet Card

No. 1992		
State Of Alaska		
Department of Commerce, Community, and Economic Development		
Division of Occupational Licensing		
<b>SUSAN MAE LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
Effective	Expiration	Date of Birth
12/19/2006	12/31/2008	11/07/1951
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.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

SUSAN MAE LEMAGIE  
425 E DAHLIA, STE J  
PALMER AK 99645





**ALASKA STATE MEDICAL BOARD**

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

306275 MED	
RECEIVED	
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DIVISION OF OCCUPATIONAL LICENSING	
Receipt # JUNEAU	Amount

Renew Online

┌ MED S 1992 ┐  
 ┌ SUSAN MAE LEMAGIE ┐  
 ┌ 425 E DAHLIA, SUITE J ┐  
 ┌ PALMER AK 99645 ┐  
 └ ────────────────────┘  
 └ ────────────────────┘

**MEDICAL LICENSE (MD / DO / DPM)  
 RENEWAL APPLICATION**

For the Period of January 1, 2007 through December 31, 2008

590 ✓ th

**INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.**

Your license to practice medicine in Alaska lapses December 31, 2006. 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 or by credit card using the attached credit card authorization form. 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. Please see additional information on pages 4 and 5.

**TYPE OF RENEWAL:** (Check appropriate box.)

**Active License**  
 \$590

**Inactive License**  
 \$250

**Retired License**  
 \$100

**PERSONAL INFORMATION:** (Please print legibly or type.)

Name (Last, First, Middle) <b>LEMAGIE, SUSAN, MAE</b>		License No. <b>MD1992</b>	Gender <input checked="" type="checkbox"/> F <input type="checkbox"/> M
Practice Address (Complete address) <b>425 E DAHLIA SUITE J PALMER AK 99645</b>		Use as Address of Record <input checked="" type="checkbox"/>	
Residence Address (Complete address) <b>3009 LAKE SHORE LOOP PALMER AK 99645</b>		Use as Address of Record <input type="checkbox"/>	
Work Telephone <b>(907) 745 8379</b>	Fax <b>(907) 745-0153</b>	Email Address: <b>CYN@MTAONLINE.NET</b>	
Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) <b>11/07/1951</b>	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**REQUIRED INFORMATION:**

Practice Specialty <b>GYNECOLOGY</b>	Subspecialty <b>NA</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. (Attach a separate sheet if needed.)	<table border="1"> <tr> <td><b>NA</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<b>NA</b>																										
<b>NA</b>																												

**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 relevant dates and circumstances. Attach copies of any supporting documents that are applicable (court records, board actions, etc.). Failure to attach a detailed explanation will result in the application 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.

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

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

- 1)  No  Yes Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- 2)  No  Yes Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending?
- 3)  No  Yes Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?
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- 7)  No  Yes Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- 8)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
- 9)  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?
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Please attach a separate sheet explaining any 'yes' responses to the questions in this application.

CONTINUING MEDICAL EDUCATION

RECEIVED

DEC 17 2005

As provided by regulations 12 AAC 40.200, 210, 220, and 240 (see page 5), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

DIVISION OF OCCUPATIONAL LICENSING BUREAU

- If your license number is: From 01/01/2005 to 12/31/2006, you must have been awarded:
0001 to 5447 ... At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
5448 to 5716 ... At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

Only those CME hours actually awarded between January 1, 2005 and December 31, 2006 may be used to satisfy the requirements for the licensing period of 2005-06.

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CME STATEMENT OF COMPLIANCE (Check one):

- [X] YES .... I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2005 through 12/31/2006.
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[ ] NO ..... I am renewing my license as a RETIRED LICENSE.

STATEMENT

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska.

[X] Applicant's Signature

11-27-06 Date

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<b>Public Information</b>	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 of Corporations, Business, and Professional Licensing's website at <a href="http://www.commerce.state.ak.us/occ">www.commerce.state.ak.us/occ</a> under "Professional License Search."

**BEFORE YOU MAIL THIS RENEWAL APPLICATION, HAVE YOU:**

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

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REGULATIONS SPECIALIST  
 Dept. of Commerce, Community, and Economic Development  
 Division of Corporations, Business, and Professional Licensing  
 Post Office Box 110806  
 Juneau AK 99811-0806

VALLEY WOMEN'S HEALTH CARE

425 E. DAHLIA AVE., SUITE J

PALMER, AK 99645

UNITED STATES POSTAGE  
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6484 MAILED FROM PALMER AK 99645

03/13/2017

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No. 1992  
Effective: 11/08/2004  
Expires: 12/31/2006

**STATE OF ALASKA**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC**  
**DEVELOPMENT**  
**Division of Occupational Licensing**  
**STATE MEDICAL BOARD**

Certifies that

**SUSAN M. LEMAGIE**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Edgar Blatchford

Wallet Card

No. 1992		
State Of Alaska		
Department of Commerce, Community, and Economic Development		
Division of Occupational Licensing		
<b>SUSAN M. LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
Effective	Expiration	Date of Birth
11/08/2004	12/31/2006	11/07/1951
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.

Division Website: [www.dced.state.ak.us/occ](http://www.dced.state.ak.us/occ)

MED

SUSAN M. LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645

6724088387

DIVISION OF OCCUPATIONAL  
113 WILLOUGHBY AVENUE  
MARIETTA, GA 30067  
770-485-2144

# Phone Order

ID: 00000001

10/29/04

16:35:44

Batch #: 000137

AVS Code: N

MASTERCARD

XXXXXXXXXXXX5093M

Exp: 11/05

Appr Code: 045925

Invoice#: 000774

Total:

\$ 590.00

I agree to pay above total amount  
according to card issuer agreement  
(Merchant agrees to refund if credit voided)

# 004282

Merchant Copy  
THANK YOU!!

003113/2017





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

MEDICAL SCHOOL (Name of school) <i>University of Washington School of Medicine</i>		Year of Graduation <i>1979</i>
LOCATION (City, State) <i>Seattle, WA</i>		Country <i>USA</i>
SELF-DESIGNATED PRACTICE SPECIALTY <i>Obstetrics &amp; Gynecology</i>	SUBSPECIALTY	SUBSPECIALTY

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

*N/A*

**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 being rejected. Please read each question carefully and 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,**

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 FOR 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)



RECEIVED

OCT 29 2004

Valley Women's Health Care  
Susan Lemagie, MD

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

**CME**

10/00	Valley Hospital "Confidently of Peer Review"	1
07/01	ACOG leadership Conference	35
08/01	Valley Hospital "The Diagnosis, Treatment and Prevention of Osteoporosis"	1
10/01	Valley Hospital "Patient Anti-Dumping Laws"	2
10/01	ACOG District Meeting	29
12/01	Association of Reproductive Health Professionals	20
05/02	ACOG Annual Clinical Meeting	30
05/02	Northeastern Ohio Universities College of Med. "New Dimension in Overactive Bladder Treatment"	2
05/02	Keck School of Medicine "Choice & Convenience: New Options in Combination Contraceptives"	2.25
09/02	Association of Reproductive Health Professionals	21
10/02	ACOG District Meeting	25
03/03	Valley Hospital "Better Medical Record Documentation"	1
04/03	ACOG Annual Clinical Meeting	8
07/03	Valley Hospital "Better Medical Records with Norcal"	1
09/03	ACOG District Meeting	10
05/04	ACOG Annual Clinical Meeting	18

RECEIVED

OCT 29 2004

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Valley Women's Health Care  
Susan Lemagie, MD

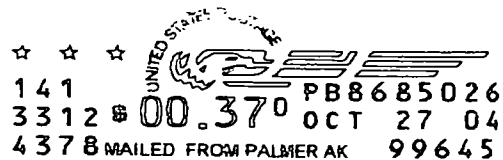
CME

09/04

ACOG District Meeting

20

VALLEY WOMEN'S HEALTH CARE  
425 E. DAHLIA, SUITE J  
PALMER, AK 99645



Alaska State Medical Board  
Dept. of Commerce  
PO Box 110806  
Juneau, AK 99811-0806

03/13/2017

0037



0037

*CERTIFICATION*

I, **P.J. Gingras**, Licensing Examiner, Division of Occupational Licensing, Department of 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: **SUSAN M. LEMAGIE**  
License Type: **IS A LICENSED PHYSICIAN**  
License Number: **1992**  
Date Originally Issued: **11/01/1983**  
Expiration Date: **12/31/2004**  
Date of Birth: **11/07/1951**

Comments:

**In good standing; no licensing action in Alaska**

Dated this **Fifth day of October, 2004**

SEAL

---

**P.J. Gingras**  
**Licensing Examiner**

September 15, 2004

Please mail all correspondence to:  
MAIL STOP: AK-005

ATTN: Medical Verifications  
Alaska Division of Occupational Licensing  
PO Box 110806  
Juneau, AK 99811-0806

REC'D  
RECEIVED  
20. *JP*  
SEP 27 2004

RE: **LEMAGIE, SUSAN M, MD**  
AKA:  
LICENSE: 1992

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

003433

Dear Sir/Madam:

The above named individual has submitted an application to *Medilert-IRIS* for processing. As part of the credentialing process, we are requesting verification of this individual's claimed licensure. We have enclosed appropriate data regarding this individual as well as a photocopy of a signed release.

**Please fax this completed document to 1-800-765-4814.**

Sincerely,

**Ann Tongen, CPCS**  
Credentialing Coordinator

Mail Stop: AK-005

**VERIFICATION:**

1. Providers license number? \_\_\_\_\_
2. Issuance Date: \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_
4. Is there a record of any license suspension, restriction or revocation regarding this provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**CONFIDENTIALITY NOTICE**

The information contained in this document is privileged and confidential and intended only for the attention of the individual and/or entity listed above. If you are not the intended party to receive or process this transmission, bear notice that any misuse, disclosure or unauthorized release of this document is prohibited and may violate multiple federal and/or state privacy laws. If received in error, fax back to 1-800-765-4814.

Declaration

SEP 27 2004

DIVISION OF OCCUPATIONAL LICENSING

I, Susan Demazie (Clinician Name), do hereby certify under penalty of perjury that

all information submitted by me and contained in this application is correct and complete in all material respects to the best of my knowledge and belief. I fully understand that any misstatement in or omission from this application constitutes cause for denial of appointment or cause for summary dismissal from provider membership.

Signature of Provider [Signature] Date 8/12/04

Release of Liability and Information Statement

I, Susan Demazie (Clinician Name), do hereby grant to Medilert-IRIS and/or its

authorized agents, permission to consult with hospitals; members of hospital medical staffs, professional liability carriers for claims history and coverage information, managed care organizations and other persons or entities to obtain information concerning my qualifications, including without limitation my professional competence and conduct. I consent to the release to Medilert-IRIS of any and all information that may be relevant to an evaluation of my qualifications, including information about disciplinary actions and information that might otherwise be considered confidential or privileged.

I hereby grant to Medilert-IRIS and/or its authorized agents, permission to release any and all information that may be relevant to an evaluation of my qualifications, including information described in the Clinician Application to any purchaser of health care services or to any representatives of local, state and federal governmental agencies as may be appropriate or required by law. I further release Medilert from any liability relating to this information.

I hereby grant to Planned Parenthood (Affiliate Name) and/or its authorized

agents, permission to release any and all information that may be relevant to an evaluation of my qualifications, including information described in the Clinician Application to any purchaser of health care services or to any representatives of local, state and federal governmental agencies as may be appropriate or required by law. I further release Medilert from any liability relating to this information.

I agree to immediately notify Planned Parenthood (Affiliate Name) upon any

investigation, revocation, reduction, termination, denial, limitation or suspension of my DEA number, professional license, professional liability insurance, participation in the Medicare or Medicaid programs or other certification and/or other credentials authorizing me to practice medicine. I also agree to immediately notify Planned Parenthood (Affiliate Name) upon termination,

suspension or revocation of my staff privileges at any hospital or health care facility.

Signature of Provider [Signature] Date 8/12/04

This authorization is valid for 24 months from the date shown above. A photocopy shall be considered as valid as the original.



**MEDILERT**  
**PO BOX 42930**  
**PHOENIX, AZ 85080**



MEDICAL VERIFICATIONS  
ALASKA DIVISION OF OCCUPATIONAL  
LICENSING  
JUNEAU, AK 99811

03/13/2017



0041

No. 1992  
Effective: 12/02/2002  
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

**SUSAN M. LEMAGIE**  
IS A LICENSED  
**PHYSICIAN**

Acting Commissioner: Tom Lawson

Wallet Card

No. 1992		
State Of Alaska		
Department of Community and Economic Development Division of Occupational Licensing		
<b>SUSAN M. LEMAGIE</b>		
IS A LICENSED PHYSICIAN		
Effective 12/02/2002	Expiration 12/31/2004	Date of Birth 11/07/1951
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

SUSAN M. LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645



# ALASKA STATE MEDICAL BOARD

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

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

RECEIVED

JAN 9 2003

Occupational Licensing  
Alaska State  
Medical Board

MED S 1992  
SUSAN LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645

## MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

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

1992  
590 ✓ MED  
RECEIVED  
NOV 12 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU  
613661

*yes to Leslie 11/8/02*

### 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 must meet the requirements of regulation 12 AAC 40.025 (see page 4). Licenses that are expired for more than 12 months require a new application after meeting the requirements of regulation 12 AAC 40.025.

**INACTIVE LICENSES** You may not practice medicine or write prescriptions in Alaska while your license is 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 must complete a minimum of 20 hours of continuing education (CME) under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review 12 AAC 40.033 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 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:  **ACTIVE LICENSE \$590**       **INACTIVE LICENSE \$250**       **RETIRED LICENSE \$100**  
(Please read 12 AAC 40.025.)      (Please read 12 AAC 40 031.)

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

NAME (Last, First, Middle) <b>LEMAGIE, SUSAN MAE</b>		SEX: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
PRACTICE ADDRESS (Complete address) <b>425 E DAHLIA, SUITE J PALMER, AK 99645</b>		Use as Address of Record: <input checked="" type="checkbox"/>
RESIDENCE ADDRESS (Complete address) <b>Huntley Road Lazy Mt.</b>		Use as Address of Record: <input checked="" type="checkbox"/>
WORK TELEPHONE: <b>(907) 745-8379</b>	E-MAIL ADDRESS:	
SOCIAL SECURITY NO.:	DATE OF BIRTH (MM/DD/YYYY) <b>11 / 7 / 51</b>	ALASKA LICENSE NO. <b>1992</b>

Reviewed by Leslie A. Gallant  
NO ISSUE - Previously Reported to Board.  
Initials *[Signature]* Date **12/3/04**

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

MEDICAL SCHOOL (Name of school) <i>UNIVERSITY OF WASHINGTON</i>		Year of Graduation <i>1985</i>
LOCATION (City, State) <i>SEATTLE, WASH.</i>		Country <i>KING</i>
PRACTICE SPECIALTY <i>OB/GYN</i>	SUBSPECIALTY	SUBSPECIALTY

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

*Massachusetts - residency training*

**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 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?  
*patient complaint to State Medical Board, 9/01*
7.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?  
*pa*
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?

NOV 12 2002

DIVISION OF OCCUPATIONAL LICENSING  
JUNEAU

- 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?

**CONTINUING MEDICAL EDUCATION**

As provided by regulations 12 AAC 40.200, 210, 220, and 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

If your license number is: From 01/01/2001 to 12/31/2002, you must have been awarded:

- 0001 to 4565 ..... At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.  
(licensed prior to 12/31/2000)
- 4566 to 4753 ..... At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.  
(licensed during 2001)

If you have CME hours awarded after December 31, 2002, they will not apply to the licensing period of 2001-02. If they are awarded after 12/31/02, they will apply to the licensing period 2003-04.

**YOU MAY BE AUDITED**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

**CME STATEMENT OF COMPLIANCE**

Check one:

- YES ..... I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2001 through 12/31/2002.
- NO ..... I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. Refer to 12 AAC 40.200 on page 4 attached.
- NO ..... I am renewing my license as a RETIRED LICENSE.

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

✓ Sign here

*[Handwritten Signature]*  
Applicant's Signature

11-7-02  
Date

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

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

All regulations referenced in this application document may be found on page 4 of the renewal form.

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

**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)

## 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.

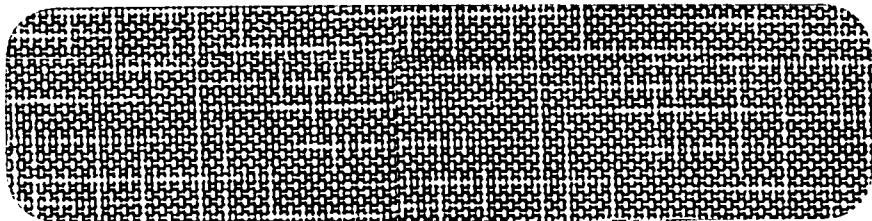
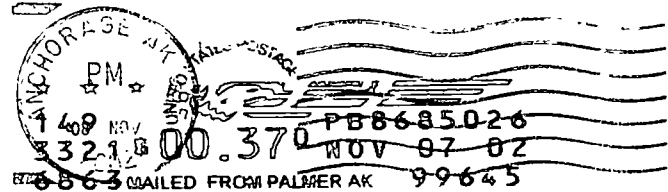
(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements 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.

VALLEY WOMEN'S HEALTH CARE

425 E DAHLIA AVE., SUITE J

PALMER, AK 99645



03/13/2017

0047

99645+0206



No. 1992

Effective: 12/07/2000

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

**SUSAN LEMAGIE**

IS A LICENSED

PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 1992		
<b>State Of Alaska</b> Department of Community and Economic Development Division Of Occupational Licensing This Certifies that SUSAN LEMAGIE IS A LICENSED PHYSICIAN		
Effective 12/07/2000	Expiration 12/31/2002	Date of Birth 11/07/1951
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

SUSAN LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645

Reviewed by Leslie A. Gallant  
NO ISSUE  
Initials  Date 12/5/02



To Leslie

1992



# ALASKA STATE MEDICAL BOARD

Dept. Of Community & Economic Development  
Division of Occupational Licensing  
P. O. Box 110806 Juneau AK 99811-0806  
(907) 465-2541 - Office  
mail: license@occl.state.ak.us

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NOV 07 2000

590.00  
MED  
RECEIVED  
NOV 20 2000  
Division of Occupational Licensing  
Juneau  
352309

BY:.....

MED S 1992
SUSAN LEMAGIE
425 E DAHLIA, SUITE J
PALMER AK 99645

## MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

For the period of January 1, 2001 thru December 31, 2002

### INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2000. It is illegal for you to practice if your license is lapsed. There is no grace period. 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.** Your renewal will be rejected if the form is incomplete or insufficient fees are received. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Numerous telephone calls delay processing. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

**RENEWAL DUE DATE** For processing prior to December 31, 2000, your renewal must be received in our office no later than December 1, 2000. Processing of a complete renewal takes three to four weeks from the date of receipt in our office--Plan accordingly.

**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(b), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

**EXPIRED 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. Licenses that are lapsed for more than five years may not be renewed.

**INACTIVE LICENSES** You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

**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.

**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 800/478-3300 or 907/269-6659 or Post-secondary Education at 888/441-2962 or 907/269-6659 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.

Check appropriate box:  **ACTIVE LICENSE \$590**     **INACTIVE LICENSE \$250**     **RETIRED LICENSE \$100**

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

LAST NAME <b>LEMAGIE</b>	FIRST <b>SUSAN</b>	MIDDLE <b>MAE</b>	SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M
SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH (MM/DD/YY) <b>11/07/51</b>	ALASKA LICENSE NUMBER <b>1992</b>	
MAILING ADDRESS* <b>425 E. DAHLIA AVE. Ste J</b>		*Is this an address change? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CITY <b>PALMER</b>		STATE <b>WA</b>	ZIP <b>99645</b>
PRIMARY PRACTICE ADDRESS <b>425 E. DAHLIA AVE. Ste J</b>			
CITY <b>PALMER</b>		STATE <b>WA</b>	ZIP <b>99645</b>
TELEPHONE - DAY <b>(907) 745-8379</b>			
AREA CODE	E-MAIL ADDRESS (Optional):		

**GENERAL INFORMATION:**

PRACTICE SPECIALTY: OB/GYN

SUBSPECIALTY: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL CONDUCT:**

The following 12 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 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.

1  NO  YES Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?  
If you answer "Yes" to the above question, provide the following:  
Name of Jurisdiction in Which Action was Taken: \_\_\_\_\_  
Date of the Action: \_\_\_\_\_

2  NO  YES If you answered "Yes" to the question above, have you previously reported this action to the State of Alaska Division of Occupational Licensing or the Alaska State Medical Board?

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

3  NO  YES Have you voluntarily surrendered or restricted your professional license in any jurisdiction?

4  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)?

5  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?

6  NO  YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction? Patient complaint to AK State Medical Board

7  NO  YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under investigation?

8  NO  YES Have you experienced, been diagnosed with, or been treated for any alcohol or other chemical impairment?

9  NO  YES Have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?

10  NO  YES Have you experienced, been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

11  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?

12  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?

RECEIVED  
NOV 20 2000  
Division of Occupational Licensing

**CONTINUING MEDICAL EDUCATION**

As provided by regulations 12 AAC 40.200, 210, 220, and 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

**YOU MAY BE AUDITED**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

If your license number is: 0001 to 4177 You must have obtained: At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.  
4178 to 4393 At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

**CME STATEMENT OF COMPLIANCE**

I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period of January 1, 1999 through December 31, 2000.

✓ Check one:  YES  NO\*  NO - RETIRED LICENSE

\*If you check "NO", attach a detailed explanation of the reason for your inability to obtain the required hours of CME. Failure to obtain the required CME hours will result in your license not being renewed at this time. You will be contacted by a representative of the Division of Occupational Licensing who will assist you.

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

✓ Sign here: Susan Levy MD Applicant's Signature 11/15/00 Date

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

**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

***CERTIFICATION***

I, **Patricia J.B. Gingras**, Licensing Examiner, Division of Occupational Licensing, Department of 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: **SUSAN LEMAGIE**  
License Type: **PHYSICIAN**  
License Number: **1992**  
Date Originally Issued: **11/01/1983**  
Expiration Date: **12/31/2002**  
Date of Birth: **11/07/1951**

Comments:  
In good standing; no licensing action in Alaska

Dated this **Thirtieth day of July, 2001**

SEAL

---

**Patricia J.B. Gingras**  
Licensing Examiner

PO Box 14050  
Scottsdale, AZ 85267-4050

571714 *MED*

Ph 1-800-846-1351  
Fax 1-800-765-4814

July 11, 2001

Please mail all correspondence to:  
MAIL STOP: AK-005

ATTN: MEDICAL VERIFICATIONS  
Alaska Div of Occupational Licensing  
PO Box 110806, ATTN: MEDICAL VERIFICATIONS  
Juneau, AK 99811-0806

RE: **LEMAGIE, SUSAN M, MD**

AKA:

LICENSE: 1992

RECEIVED  
*20.180.17*  
JUL 23 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Dear Sir/Madam:

The above named individual has submitted an application to *Medilert-IRIS* for processing. As part of the credentialing process, we are requesting verification of this individual's claimed licensure. We have enclosed appropriate data regarding this individual as well as a photocopy of a signed release.

A stamped self-addressed envelope has been included for your convenience.

Sincerely,

*Jewelyn Jenson*

Jewelyn Jenson, Mail Stop: AK-005  
Credentialing Assistant

**VERIFICATION:**

1. Providers license number? \_\_\_\_\_
2. Issuance Date: \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_
4. Is there a record of any license suspension, restriction or revocation regarding this provider?? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**CERTIFICATION**

I, **Patricia J.B. Gingras**, Licensing Examiner, Division of Occupational Licensing, Department of Commerce 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: **SUSAN LEMAGIE**  
License Type: **PHYSICIAN**  
License Number: **1992**  
Date Originally Issued: **11/01/83**  
Expiration Date: **12/31/00**  
Date of Birth: **11/07/1951**

Comments: **In good standing**

Dated this Thirteenth day of August, 1999, at Juneau, Alaska.

SEAL

---

**Patricia J.B. Gingras**  
Licensing Examiner

RECEIVED

JUL 15 1999

RECEIVED

JUL 27 1999

NO \$ 70

504876

**Medilert-IRIS™**

Division of The Castlemark Corp.  
P.O. Box 140  
Scottsdale, AZ 85267-405

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU



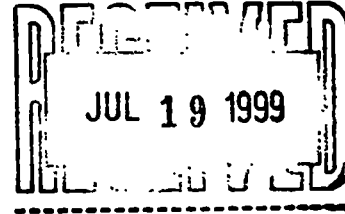
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

PH. 800-846-1351  
FAX 800-765-4814

June 30, 1999

Please mail all correspondence to:  
MAIL STOP: ak-005

ATTN: Licensure Verification  
Alaska Div of Occupational Licensing  
PO Box 110806, ATTN: MEDICAL VERIFICATIONS  
Juneau, AK 99811-0806



RE: **LEMAGIE, SUSAN M, MD**  
AKA:  
LICENSE: 1992

Dear Sir/Madam:

The above named individual has submitted an application to *Medilert-IRIS* for processing. As part of the credentialing process, we are requesting verification of this individual's claimed licensure. We have enclosed appropriate data regarding this individual as well as a photocopy of a signed release.

A stamped self-addressed envelope has been included for your convenience.

Sincerely,

*Peggy Miller*

Peggy Miller, Mail Stop: ak-005  
Credentialing Assistant

**VERIFICATION:**

1. Providers license number? \_\_\_\_\_
2. Issuance Date: \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_
4. Is there a record of any license suspension, restriction or revocation regarding this provider?? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

No. 1992

Effective: 12/04/1998

Expires: 12/31/2000

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

## STATE MEDICAL BOARD

Certifies that

**SUSAN LEMAGIE**

IS A LICENSED

PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

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

OUR 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.

No. 1992		
<b>State Of Alaska</b>		
Department of Commerce and Economic Development Division Of Occupational Licensing		
This Certifies that SUSAN LEMAGIE IS A LICENSED PHYSICIAN		
Effective 12/04/1998	Expiration 12/31/2000	Date of Birth 11/07/1951
Signature _____		

MED

SUSAN LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645





# ALASKA STATE MEDICAL BOARD

Dept. Of Commerce & Economic Development  
Division of Occupational Licensing  
P. O. Box 110806 Juneau AK 99811-0806  
(907) 465-2541 - Office  
E-mail: License@commerce.state.ak.us

**MED**  
OCCUPATIONAL LICENSING  
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'96 NOV 16 PM 1 30  
340.00 ✓  
Ⓞ

1998 MED S 1992  
SUSAN LEMAGIE  
425 E DAHLIA, SUITE J  
PALMER AK 99645

## MEDICAL LICENSE RENEWAL APPLICATION

For the Period of  
January 1, 1999 thru December 31, 2000

**Please read instructions carefully when completing this renewal application form.**

Your license to practice medicine in Alaska expires December 31, 1998. It is illegal for you to practice if your license is expired. There is no grace period. 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. Incomplete renewal forms or insufficient fees will result in your renewal being rejected. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Numerous telephone calls only delay processing. Note that receipt of the renewal does not guarantee processing.

- RENEWAL DUE DATE** . . . . . Submit this renewal application on or before December 1, 1998 for processing prior to December 31, 1998.
- 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(b), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department
- EXPIRED LICENSES** . . . . . If you choose not to renew your license before it expires, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025. Licenses that are expired for more than five years may not be renewed.
- INACTIVE LICENSES** . . . . . You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.
- 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 which are included in this renewal.
- 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 907/269-6659 or Post-secondary Education at 800/441-2962 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.

Check appropriate box:       **ACTIVE LICENSE \$340**       **INACTIVE LICENSE \$100**       **RETIRED LICENSE \$50**

**PERSONAL INFORMATION: (PLEASE PRINT LEGIBLY OR TYPE)**

LEMAGIE, SUSAN MAE      1992  
NAME (Last, First, Middle)      Alaska License Number

[REDACTED]      F      11/07/51      (907)745-8379  
SOCIAL SECURITY NUMBER      SEX (M/F)      DATE OF BIRTH (MM/DD/YY)      TELEPHONE NUMBER

425 E DAHLIA SUITE #J      PALMER, AK      99645  
MAILING ADDRESS \*      CITY      STATE      ZIP

\* Is this an address correction?     NO       YES

**GENERAL INFORMATION:**

PRACTICE SPECIALTY: Primary OB/GYN Secondary \_\_\_\_\_

425 E DAHLIA SUITE #J PALMER AK 99645  
PRACTICE ADDRESS CITY STATE ZIP

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

**PROFESSIONAL CONDUCT:**

The following questions must be answered. "Yes" answers may 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 being rejected. Please read each question carefully.**

**Since the date of your last application for a license to practice medicine in Alaska:**

- 1  YES  NO Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction?
- 2  YES  NO Have you voluntarily surrendered or restricted your professional license in any jurisdiction?
- 3  YES  NO Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization?
- 4  YES  NO Have you been convicted of any 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  YES  NO Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
- 6  YES  NO Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under active investigation?
- 7  YES  NO Have you experienced, been diagnosed with, or been treated for any chemical impairment?
- 8  YES  NO Have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?
- 9  YES  NO Have you experienced, been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- 10  YES  NO 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?

**CONTINUING MEDICAL EDUCATION**

STATE OF ALASKA  
OCCUPATIONAL LICENSING  
RECEIVED  
56 NOV 10 11 11 AM '98

As provided by regulations 12 AAC 40.200, 210, and 220, your license application for renewal cannot be processed unless you have met those continuing medical education requirements. Those regulations are attached. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

The board will conduct an audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be **required** to submit copies of documentation which proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits.

**YOU MAY BE AUDITED:**

If your license number is:  
0001 to 3771  
  
3772 to 3973

You must have:  
at least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalents allowed by regulation.  
  
at least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalents allowed by regulation.

**CME STATEMENT OF COMPLIANCE**

I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 220 during the license period of January 1, 1997 through December 31, 1998.

Check here       YES       NO\*       NO - RETIRED LICENSE

\*If you check "NO", attach a detailed explanation.

I certify that all information provided in this application document is true and correct.

Sign here \_\_\_\_\_ Shung \_\_\_\_\_ 11/4/98  
Applicant's Signature Date

**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 Commerce and Economic Development - Division of Occupational Licensing

Post Office Box 110806

Juneau AK 99811-0806



Alaska Department of Commerce and Economic Development
Division of Occupational Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Telephone: (907) 465-2541 E-mail: License@commerce.state.ak.us

RECEIVED

3:00 PM
NOV 12 1996

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

606643

BIENNIAL MEDICAL LICENSE RENEWAL

January 1, 1997 — December 31, 1998



MEDS01992
LEMAGIE, SUSAN
VALLEY WOMEN'S HEALTH CARE
425 E DAHLIA, SUITE J
PALMER AK 99645

IT IS TIME TO RENEW YOUR MEDICAL LICENSE

Your license to practice in the State of Alaska expires on December 31, 1996. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from January 1, 1997, through December 31, 1998, return this signed, notarized 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. Incomplete applications or insufficient fees will result in your renewal being rejected.

- RENEWAL DUE DATE: Submit this renewal application on or before December 6, 1996, for renewal processing prior to December 31, 1996. A \$50.00 penalty will be charged for applications postmarked after March 1, 1997. If you renew after December 31, 1996, CME documentation and a Federation of State Medical Boards Data Bank report will be required.
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.
EXPIRED LICENSES: If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements of 12 AAC 40.025. Licenses which have expired more than 5 years cannot be renewed.
INACTIVE LICENSES: You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.
RETIRED LICENSES: There is a one-time fee for the remainder of the licensee's career. 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, please review 12 AAC 40.031 regarding reactivation requirements.
PAYMENT OF CHILD SUPPORT AND STUDENT LOANS: If the Alaska Commission on Postsecondary Education has determined you are in loan default, your renewal application will be denied. If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days and your fee will not be refunded. Contact Postsecondary Education at (800) 441-2962 or Child Support Enforcement at (907) 269-6659 to resolve payment issues.
PUBLIC INFORMATION: Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law.
BUSINESS LICENSES: Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550.

CHECK APPROPRIATE LICENSE STATUS BOX

- [X] Active License \$300
[ ] Inactive License \$100
[ ] Retired License \$50
[ ] Late Penalty \$50 - Penalty for applications postmarked after March 1, 1997.

Name: LEMAGIE SUSAN MAE
Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above):

Street or P.O. Box City State ZIP Code

Daytime Telephone Number: 907-745-8379 License Number: 016418

Social Security Number: [redacted] Date of Birth: 11-07-51 0060

**PROFESSIONAL FITNESS**

The following questions must be answered. "Yes" answers may not automatically result in license denial.

Since the date of your last application for an Alaska Medical license:

YES NO

- A. Has your professional license been denied, revoked, suspended, surrendered, stipulated, on probation, under investigation, or been subject to any other restriction or disciplinary action by any jurisdiction, medical facility, or agency?  YES  NO
- B. Have you been convicted of any criminal offense other than a minor traffic violation?  YES  NO
- C. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice as a Physician, Podiatrist or Osteopath?  YES  NO
- D. Have you been addicted to, excessively or illegally used alcohol, or a controlled substance?  YES  NO
- E. Have you experienced a physical disability which may impair or interfere with your ability to practice as a Physician, Podiatrist or Osteopath?  YES  NO

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

**CONTINUING COMPETENCY**

Your license cannot be renewed unless you have met the continuing medical education requirements in 12 AAC 40. (See enclosed regulations.) Persons entering retired status do not have to complete CME or sign the CME affidavit.

- Licenses #0001 through #3417 must have **34** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).
- Licenses #3418 through #3606 must have **17** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).
- Licenses #3607 and above do not need CME for this renewal.

**RANDOM AUDIT:** The board will audit a percentage of the license renewals. If your license is randomly selected for audit you will be sent a letter and **required** to submit certified true copies of documentation and proof that you satisfied the continuing education requirements as you stated on this renewal form. Save your documents for at least four years so you can respond to audits.

**AFFIDAVIT OF COMPLIANCE WITH CONTINUING MEDICAL EDUCATION REQUIREMENTS**

Do you certify that you have complied with the continuing medical education requirements in 12 AAC 40.200-220 during the license period from January 1, 1995, through December 31, 1996?

YES  NO

**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 Medicine, Podiatry, or Osteopathy 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)

I certify that the information in this application is true and correct.

**SIGN HERE** 

*Sum Henry MD*  
Applicant's Signature

Date: 11/5/96

SUBSCRIBED AND SWORN TO before me this 5<sup>th</sup> day of November, 19 96

**State of Alaska**  
**NOTARY PUBLIC**  
**Deborah Retherford**  
My Commission Expires 9-9-97

*Deborah Retherford*  
Notary Public for the State of Alaska

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

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

**REGULATIONS SPECIALIST**

Department of Commerce and Economic Development • Division of Occupational Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806

03/13/2017

0061

**TONY KNOWLES, GOVERNOR**

**DEPARTMENT OF COMMERCE AND  
ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING**

3601 C STREET, SUITE 722  
ANCHORAGE, ALASKA 99503-5986  
PHONE: (907) 561-2878  
FAX: (907) 562-5781  
TDD: (907) 465-5437

February 22, 1995

1992

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

FEB 23 1995

DIV. OF OCCUPATIONAL LICENSING

Susan M. Lemagie, M.D.  
Valley Women's Health Care  
425 E. Dahlia - Suite J  
Palmer AK 99645

Dr. Lemagie, thank you for submitting the documentation of your continuing medical education hours for the licensing period of 1993-94.

Your documentation has been reviewed and it appears from the information you have provided that you are in compliance with regulation 12 AAC 40.210 which requires a minimum of 17 CME hours per year or a minimum total of 34 CME hours of Category I AMA-, AOA-, or APMA-approved continuing medical education credit hours.

A copy of this letter will be inserted in your license file to verify that you have met this requirement. If you have any questions or concerns about this licensing process, please do not hesitate to call.

Thank you for your cooperation in participating in this random audit.

Very truly yours,



Leslie G. Haywood  
Executive Secretary  
State Medical Board

LGH:l

xc: Licensing Examiner - Juneau

cmeaudit.doc

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

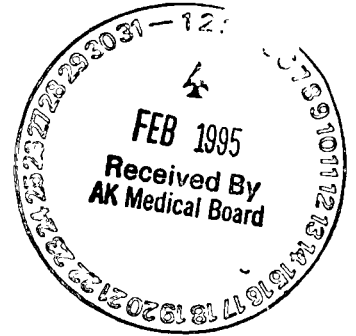
DIVISION OF OCCUPATIONAL LICENSING

1992

TONY KNOWLES, GOVERNOR

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534  
TDD: (907) 465-5437

January 26, 1995



Dr. Susan Lemagie  
Valley Women's Health Care  
425 E. Dahlia, Suite J  
Palmer, AK 99645

Dear Dr. Lemagie:

Your medical license renewal form has been randomly selected for audit. This letter is being sent to request you submit documentation of your completion of the continued medical education requirements (12 AAC 40.200) as indicated on your renewal form. Copies of certificates of attendance or certificates of course completion are required to document completion of continuing education offerings.

Please forward the documentation of at least 34 Category 1 continuing medical education hours earned during 1993 and 1994 within 45 days of receipt of this letter directly to:

State Medical Board  
Division of Occupational Licensing  
3601 C Street, Suite 722  
Anchorage, AK 99503

Failure to respond may result in legal action against your license.

If you have any questions regarding this request, do not hesitate to contact this office.

Sincerely,

Nancy Ferguson  
Licensing Examiner  
State Medical Board  
(800) 770-2541

NF/sh168.fer  
012095b

1993

14.5

4.5

1.

21

49

1994

15

14

16

45

Accepted  
62



0238558

SUSAN M LEMAGIE MD

has attended

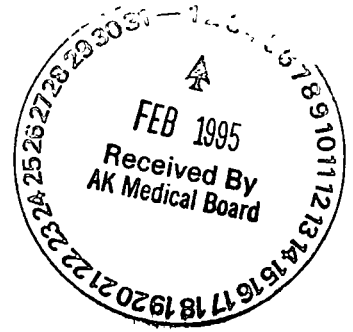
ACOG Cognate Program  
409 12th Street, SW  
Washington, DC 20024-2188

1994 ANNUAL MEETING  
ACOG DISTRICTS VIII AND IX  
OCT 30 THRU NOV 2 1994  
PHOENIX AZ  
15 COGNATE HRS 15 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies **FELLOW/ JUNIOR FELLOW COPY**





HARVARD MEDICAL SCHOOL  
DEPARTMENT OF CONTINUING EDUCATION  
BOSTON, MASSACHUSETTS

*THIS IS TO CERTIFY THAT*

Susan M. Lemagle

*was enrolled in the Department of Continuing Education of  
Harvard Medical School for the course entitled*

LEARNING FROM WOMEN  
April 29-30, 1994

*Harvard Medical School is accredited by the Accreditation  
Council for Continuing Medical Education (ACCME) to  
sponsor continuing medical education for physicians.*

*This offering meets the criteria for 14 credit  
hours in Category 1 of the Physician's Recognition Award  
of the American Medical Association.*

  
\_\_\_\_\_  
Faculty Dean For Continuing Education

---

0238558

SUSAN M LEMAGIE MD

has attended

ACOG Cognate Program  
409 12th Street, SW  
Washington, DC 20024-2188

OFFICE GYNECOLOGIC SURGERY  
ACOG POSTGRADUATE COURSE  
MARCH 16 THRU 18 1994  
SUSAN M LEMAGIE MD  
16 COGNATE HRS 16 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies    **FELLOW/ JUNIOR FELLOW COPY**

---

**ROSE MEDICAL CENTER**  
OUR STANDARDS ARE SIMPLY HIGHER.

**Certifies that**

**Susan Lemagie, MD**

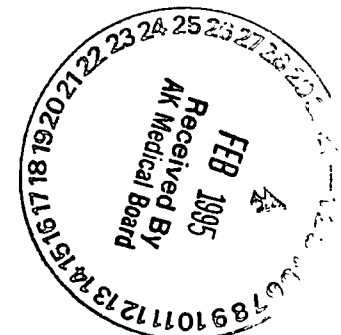
**attended and completed the requirements for**

**Finding a Balance Conference  
Women in Medicine  
September 9-12, 1993**

**and is hereby awarded 14.5 Hour(s) in Category 1  
of the Physician's Recognition Award of the American Medical Association**

*Stanley J. Kerstein MD*

Stanley J. Kerstein, M.D., Director, Continuing Medical Education



Rose Medical Center, 4567 East Ninth Avenue, Denver, Colorado, 80220  
is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

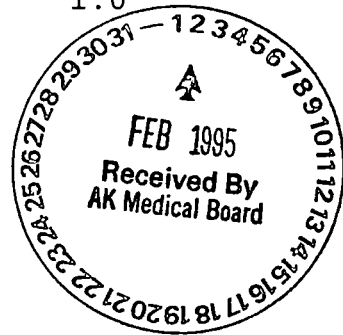
Rose Medical Center designates this continuing medical education activity  
as meeting the criteria for a total of 14.5 hour(s) in Category 1 of the Physician's Recognition Award of the American Medical Association.  
Education Committee at Rose Medical Center does not sanction in any way that this course meets any other specific certification standards or processes.

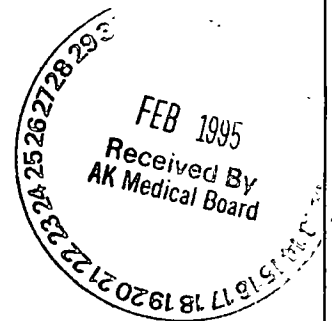
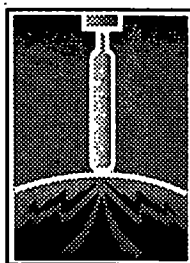
VALLEY HOSPITAL

CONTINUING MEDICAL EDUCATION PROGRAM  
August 1, 1993 to July 31, 1994

Physician Name: Susan Lemagie, MD

<u>Date</u>	<u>Topic/Speaker</u>	<u>Category I Credit</u>
08/18/93	Impaired Physician Programs (Ventgen and Knudsen)	1.5
09/17/93	COBRA Update	1.0
11/5/93	Female Incontinence (Karny Jacoby)	1.0
12/17/93	Informed Consent (Penne Chmielewski, NORCAL)	1.0





# ELECTROSURGERY FOR THE ENDOSCOPIC SURGEON

VALLEYLAB INC  
IS PLEASED TO ACKNOWLEDGE THAT  
**SUSAN LEMAGIE, M.D.**

HAS ATTENDED THE WORKSHOP ENTITLED  
"ELECTROSURGERY FOR THE ENDOSCOPIC SURGEON".

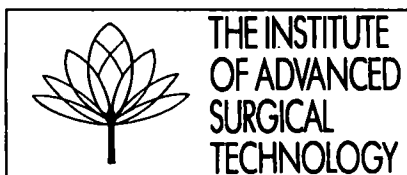
AT **PALMER, ALASKA**

(CITY AND STATE)

DATE **AUGUST 7, 1993**  
NURSING CONTACT HOURS

**COURSE DIRECTOR**

AWARDED **AWARDED 7**



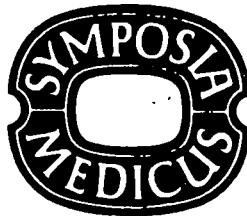
**VALLEYLAB INC  
PFIZER HOSPITAL PRODUCTS GROUP  
5920 LONGBOW DRIVE  
BOULDER, CO 80301**

THIS PROGRAM IS CO-SPONSORED BY VALLEYLAB'S INSTITUTE FOR ADVANCED SURGICAL TECHNOLOGY AND MEDICAL EDUCATION RESOURCES. MEDICAL EDUCATION RESOURCES IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. MEDICAL EDUCATION RESOURCES DESIGNATES THIS CONTINUING MEDICAL EDUCATION ACTIVITY FOR 7 CREDIT HOURS IN CATEGORY I OF THE PHYSICIAN'S RECOGNITION AWARD OF THE AMERICAN MEDICAL ASSOCIATION.

VALLEYLAB INC PROVIDER NUMBERS: CALIFORNIA #04187, FLORIDA #2711796 (CONTENT CODE #2504), KANSAS #LTO134-0327.

CE ACTIVITY IS APPROVED BY THE COLORADO NURSES' ASSOCIATION. CNA IS ACCREDITED AS AN APPROVER OF CE FOR NURSING BY THE AMERICAN NURSES' CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.

CNA "APPROVED" REFERS TO RECOGNITION OF EDUCATIONAL OFFERINGS ONLY AND DOES NOT IMPLY APPROVAL OR ENDORSEMENT OF ANY PRODUCT OF VALLEYLAB INC.



1920 21 22 23 24  
1995  
An Medical

## 2ND SUMMER CONFERENCE ON HIGH RISK OB/GYN

Anchorage, Alaska  
July 17-24, 1993

**Susan Lemagie, MD**

This is to certify that \_\_\_\_\_  
has attended this conference and fulfilled the requirements  
for continuing education credit.

**Symposia Medicus is accredited by the Accreditation Council on Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. As an organization accredited for continuing medical education, Symposia Medicus designates this continuing medical education activity as meeting the criteria for a maximum of 21 hours in Category 1 of the Physicians Recognition Award of the American Medical Association.**

**The American College of Obstetricians and Gynecologists has assigned 20 cognates, Formal Learning, to this program.**

**Symposia Medicus is accredited as a provider of continuing education for nurses by the Western Regional Accreditation Committee of the American Nurses Association; and the Florida Board of Registered Nursing, Provider #2711088. CNE hours awarded for the completion of this program are 24. Provider approved by the California Board of Registered Nursing, Number 2355, for 24 contact hours.**

**Certified by:  
Cheryl Abraham, Executive Director  
SYMPOSIA MEDICUS  
1299 Newell Hill Place, Suite 301  
Walnut Creek, CA 94596  
(510) 935-7889**

**(This certificate must be retained for a period of 4 years)**

1992

January 26, 1995

Dr. Susan Lemagie  
Valley Women's Health Care  
425 E. Dahlia, Suite J  
Palmer, AK 99645

Dear Dr. Lemagie:

Your medical license renewal form has been randomly selected for audit. This letter is being sent to request you submit documentation of your completion of the continued medical education requirements (12 AAC 40.200) as indicated on your renewal form. Copies of certificates of attendance or certificates of course completion are required to document completion of continuing education offerings.

Please forward the documentation of at least 34 Category 1 continuing medical education hours earned during 1993 and 1994 within 45 days of receipt of this letter directly to:

State Medical Board  
Division of Occupational Licensing  
3601 C Street, Suite 722  
Anchorage, AK 99503

Failure to respond may result in legal action against your license.

If you have any questions regarding this request, do not hesitate to contact this office.

Sincerely,

Nancy Ferguson  
Licensing Examiner  
State Medical Board  
(800) 770-2541

NF/sh168.fer  
012095b

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

Return this form with check or money order to:

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
STATE MEDICAL BOARD
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806

BIENNIAL MEDICAL LICENSE RENEWAL

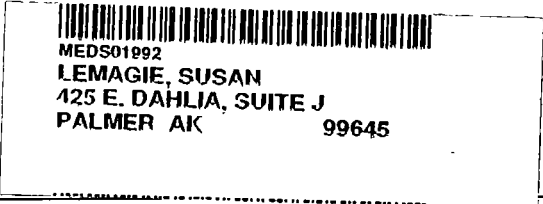
January 1, 1995 — December 31, 1996

DATE STAMP

490-

RC ✓
RECEIVED
528569
DEC 01 1994

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU



IMPORTANT

Submit renewal application on or before November 30, 1994, for renewal processing prior to December 31, 1994.

LICENSE RENEWAL FEE

- Active License \$440.00
Inactive License \$225.00
Retired License \$50.00

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

Upon reviewing attached letter, please check applicable box regarding business licensing.

Your license to practice medicine in the State of Alaska expires on December 31, 1994. There is no grace period to practice on a lapsed license. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has lapsed.

NOTE: In accordance with 12 AAC 02.105(7), a \$50.00 penalty fee is required for renewals postmarked after March 1, 1995.

BUSINESS LICENSE (Check one, if applicable)

PLEASE READ ATTACHED LETTER
Complete the Business License Section

- Current Business License with S.I.C. Code 8011 expires 12/31/94 \$50.00
Current Business License with S.I.C. Code expires 12/31/95 \$25.00
No current business license fee and applying for a 196493 \$50.00
Business license not required \$0

S.I.C. Codes

- Physician 8011
Osteopathic Physician 8031
Podiatrist 8043

Business Name VALLEY BUSINESS WOMENS HEALTH CARE

Business Is: Sole Proprietorship Partnership Corporation

Name all partners, or if a corporation provide corporate file number

Name Change: If you have had a legal name change since your last medical license was issued, please enclose a certified true copy of the legal document, i.e., marriage certificate, divorce decree, etc., for proof of your name change.

1. Name LEMAGIE SUSAN AA 1992
Last First Middle Initial License Number

2. Daytime Telephone Number 907-745-8379 Date of Birth 11-7-51

3. Mailing Address - Street or P.O. Box (Please make corrections if different than label above.)
425 E. DAHLIA SUITE J
Address
PALMER AK 99645
City State ZIP Code

OFFICE USE ONLY
Date Issued: 12/27/94
Initials: [Signature]



Other states or countries in which you hold or have held a license: \_\_\_\_\_

**Professional Conduct - AS 08.64.200**

- |                                                                                                                                                                                                                                                                                    | YES                      | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1. During 1993 or 1994, were you under investigation by any state, territory, hospital, clinic, or other agency per AS 08.64.200(b) .....                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. During 1993 or 1994, did you have a license to practice as a MD/DO/DPM disciplined in any manner by any authority including but not limited to revocation, suspension, or limited by any state, territory, hospital, clinic, or any other agency per AS 08.64.326(a)(13)? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. During 1993 or 1994, were you investigated for or convicted of a violation of a U.S., Canadian, Mexican statute, regulation, or other law excluding minor traffic violations per AS 08.64.326(a)(4)? .....                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. During 1993 or 1994, did you suffer from or were you treated for or diagnosed with emotional or mental illness or substance abuse including but not limited to alcohol, narcotics, or any other substance per AS 08.64.326(a)(8)(B)? .....                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is yes to any of the above questions, please attach a written explanation with your renewal application.

I certify under penalty of perjury that the information furnished above is true and correct.

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.

X Sum Heng MD  
Signature  
Date: 11-29-94

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

Your Continuing Medical Education (CME) affidavit **must** accompany your renewal form. Your license will not be processed until the proper fee and CME affidavit have been received.

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years (1993/1994) for a total of 34 hours. That I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

X Signature: Sum Heng MD Date: 11-29-94

**IMPORTANT NOTICE**

**YOU MAY BE AUDITED!**

Please note that your signature on the CME affidavit attests that you have completed the required numbers of hours of Category I continuing medical education.

A representative sample number of MD/DO/DPM will be audited for the purposes of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I educational offerings to document your continuing medical education, physician recognition awards, or subspecialty recertification.

**WARNING:** Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud, or intentional misrepresentation.

# STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534

### CERTIFICATION

I, Nancy Ferguson, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Commerce & 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 Susan M. Lemagie, MD holding license #AA 1992 as a physician with an initial issue date of 11/01/83, and an expiration date of 12/31/94.

EXCEPTION: National Board of Medical Examiners scores, and American Medical Association Profile.

Nancy Ferguson  
Licensing Examiner

Subscribed and sworn to before me this 22 day of June 1993.

Barbara Davis  
Notary Public, State of Alaska

My Commission Expires 7/18/93

Due 6/11/93

6/2/93

To: Karl Luck Director  
Occupational Licensing  
Juneau AK 99801

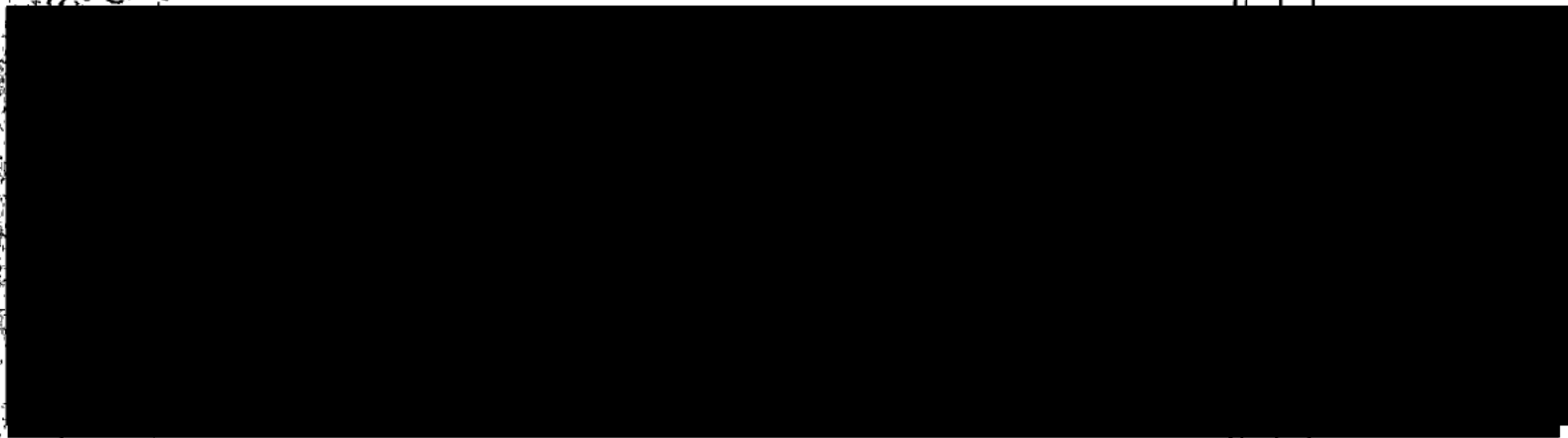
phone: 465-2538  
FAX: 465-2974

From: Rev. W.M. Thomas Moffatt  
PO Box 201586  
Anchorage AK 99520

phone & FAX: 344-2443

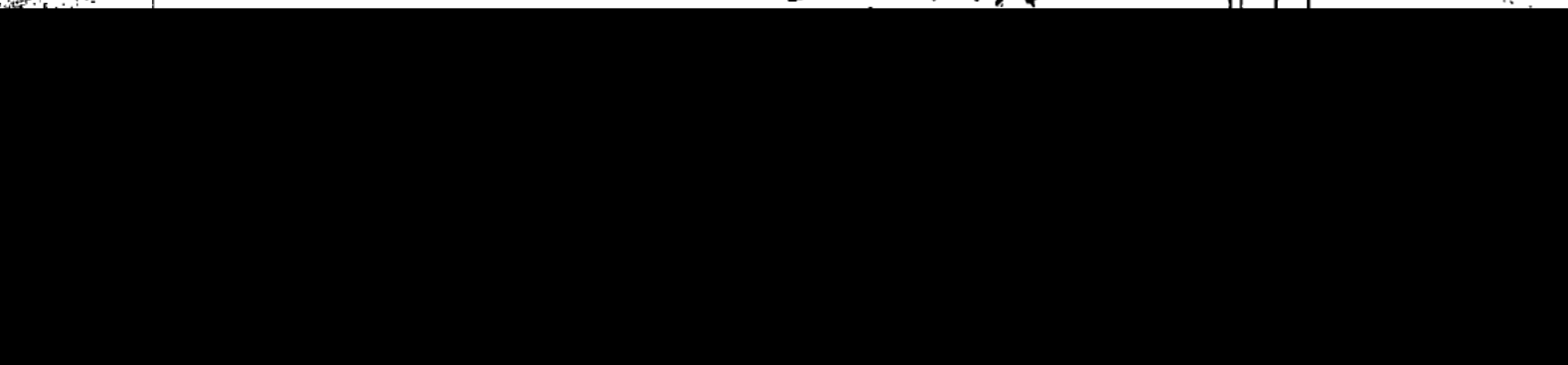
Subject: Information Request

Please forward copies of applications for  
licensing as physician of the following  
named individuals:



S. Susan LEMAGIE M.D 1992

50 - 2



Thank you!

*William M. Moffatt*

Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**NAME / ADDRESS CHANGE**

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed  
**PHYSICIAN**

License No.	Effective Date	Expiration Date
AA 1992	12/30/92	12/31/94

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

LEMAGIE, SUSAN  
 425 E. DAHLIA, SUITE J  
 PALMER, AK 99645

THIS CERTIFIES THAT

LEMAGIE, SUSAN  
 IS A LICENSED  
**PHYSICIAN**

License Number	Effective	Expiration		
AA 1992	12/30/92	12/31/94		
Social Security Number	Date of Birth			
[REDACTED]	11/07/51			
Height	Weight	Sex	Eyes	Hair
70	138	F	BL	BR

Control No: 016418

03/13/2017

Social Security No.	
[REDACTED]	
Original Issue Date	Issued By
11/01/83	NF

Signature of Licensee

Commissioner Paul Fuhs, Acting  
 Department of Commerce & Economic Development  
 08-2407 (Rev. 1/92)

Control No: 016418  
 0076

Signature

**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

Return this form with check or money order to:

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
 STATE MEDICAL BOARD  
 P.O. BOX 110806, JUNEAU, ALASKA 99801-0806

**BIENNIAL MEDICAL LICENSE RENEWAL JAN 5 1993**

January 1, 1993 — December 31, 1994



MEDS01992  
**LEMAGIE, SUSAN**  
 425 E. DAHLIA, SUITE J  
 PALMER AK 99645

DATE RECEIVED		
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT		
DEC 10 1992		
429722		
DIVISION OF OCCUPATIONAL LICENSING		
Receipt No.	Amount	Initials
1000		

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive  
 \$ 50.00 Retired

Prorated fees apply when the initial license was issued on or after January 1, 1992.

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

NOTE: Your license to practice medicine in the State of Alaska expires on December 31, 1992. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after December 31, 1992 you must include documentation of CME.

Name: (Last, First, Middle Initial)

LEMAGIE SUSAN M

License No.:

AA 1992

Social Security Number:

[REDACTED]

Sex:

F

Date of Birth:

11 07 51  
 Month Day Year

Telephone Number:

907 745 8379

Residence Address:

[REDACTED]

Check here if you have made address corrections.

City:

[REDACTED]

State:

AK

Zip Code + Four:

99645

Practice Address:

425 E DAHLIA SUITE J

Check here if you have made address corrections.

City:

PALMER

State:

AK

Zip Code + Four:

99645

Preferred mailing address is:  Residence  Practice

**GENERAL INFORMATION**

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license:  
inactive in Massachusetts

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1993.

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and must accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: SUSAN LEMAGIE, M.D. License No: AA 1992
(Please Print or Type)

In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years, for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification.

Professional Issues: During the preceding two years: Yes No

- 1. Have you been treated for or had any drug- or alcohol-related impairments, physical or mental disability which could impair your ability to practice medicine?
2. Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada?
3. Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal laws in the United States?
4. Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)?
5. Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist?
6. Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof?
7. Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body?
8. Have you altered or retired from the active practice of medicine/podiatry in your specialty?
9. Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign.)

If the answer is yes to any of the above questions, please attach an explanation to this form.

I certify under penalty of perjury that the above information furnished is true and correct.

WARNING: Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

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.

Signature: Susan Lemagie

Date: 11-17-92

Please explain any "yes" answers to questions 1 - 9 above.

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

WALTER J. HICKEL, GOVERNOR

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534

DATE: 12/28/92

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
ECONOMIC DEVELOPMENT

JAN 5 1993

DIVISION OF  
OCCUPATIONAL LICENSING

Susan Lemagie MD  
425 E. Dahlia Suite J  
Palmer AK 99645


Dear physician licensee:

We have received your license renewal for 1993 & 1994. The following items must be completed in order for your MD or DO license to be issued:

- 1) License fee: \$400 Active; \$200 Inactive (if you don't plan to practice in Alaska).
- 2) Late fee: \$20 if your renewal is received after 3/1/93.
- 3) Please sign your renewal form on side 2.
- 4) Please date your renewal form on side 2.
- 5) Please complete the medical education affidavit on side 2.
- 6) Please answer the professional issues questions.
- 7) You answered yes to the professional issues question(s) \_\_\_\_\_. Please attach an explanation.
- 8) Other: \_\_\_\_\_

Your renewal will be processed upon receipt of the additional items.

Sincerely,

  
Nancy Ferguson  
Licensing Examiner  
Alaska State Medical Board

To Nancy  
Date 12-30-92 Time 11:30

# While You Were Out

M jeanite  
of \_\_\_\_\_

Phone 745-8379  
AREA CODE NUMBER EXTENSION

TELEPHONED	<input type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
WAS IN TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>		

Message RE: renewal for  
Doctor  
Susan He Marie  
12/31/92  
needs eme Affidavit

03/13/2017

Operator  
0080

*BS*



THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806

BIENNIAL MEDICAL LICENSE RENEWAL

January 1, 1993 - December 31, 1994



MED001902  
LEMAGIE, SUSAN  
425 E. DAHLIA, SUITE J  
PALMER AK 99645

*Need original  
before can  
renew*

DATE RECEIVED		
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT		
DEC 30 1992		
429722		
DIVISION OF OCCUPATIONAL LICENSING		
Receipt No.	Amount	Initials
40050		

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive  
 \$ 50.00 Retired

Prorated fees apply when the initial license was issued on or after January 1, 1992

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

NOTE: Your license to practice medicine in the State of Alaska expires on December 31, 1992. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after December 31, 1992 you must include documentation of CME.

Name: (Last, First, Middle Initial)

LEMAGIE SUSAN M

License No.:

AA 1992

Social Security Number:

[REDACTED]

Sex:

F

Date of Birth:

11 07 51  
Month Day Year

Telephone Number:

907 745 0379

Residence Address:

[REDACTED]

Check here if you have made address corrections.

City:

[REDACTED]

State:

[REDACTED]

Zip Code + Four:

[REDACTED]

Practice Address:

425 E DAHLIA SUITE J

Check here if you have made address corrections.

City:

PALMER

State:

AK

Zip Code + Four:

99645

Preferred mailing address is:  Residence  Practice

GENERAL INFORMATION

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license

inactive in Massachusetts

DIVISION OF  
OCCUPATIONAL LICENSING  
RECEIVED  
92 DEC 30 PM 2 10

03/13/2017

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

Your Continuing Medical Education (CME) affidavit is due and must accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: SUSAN LETMAGIE, M.D. License No: AA 1992  
 (Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years, for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Professional Issues: During the preceding two years: Yes No

1. Have you been treated for or had any drug- or alcohol-related impairments, physical or mental disability which could impair your ability to practice medicine? (If you are currently registered in a board-approved rehabilitation program or the ASMA Impaired Physician Program, you may answer "no" to this question) .....
2. Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada? .....
3. Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal laws in the United States? .....
4. Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)? .....
5. Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist? .....
6. Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof? .....
7. Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body? .....
8. Have you altered or retired from the active practice of medicine/podiatry in your specialty? .....
9. Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign.) .....

If the answer is yes to any of the above questions, please attach an explanation to this form.

I certify under penalty of perjury that the above information furnished is true and correct.

**WARNING:** Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

*Susan Lemagie*  
Signature

**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.

Date: 11-17-92

Please explain any "yes" answers to questions 1 - 9 above.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCCUPATIONAL LICENSING  
 DIVISION OF  
 RECEIVED  
 '92 DEC 30 PM 2 10

Susan Lemagie, M.D., F.A.C.O.G.  
425 E. Dahlia, Suite J  
Palmer, Alaska 99645

**CERTIFIED**

P 880 524 427

**MAIL**

*OCC  
LICENSING*



State of Alaska  
Dept of Commerce & Economic Development  
PO Box 110806  
Juneau, AK 99811-0806

RETURN RECEIPT REQUESTED

0083



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

WALTER J. HICKEL, GOVERNOR

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534

Alaska Surgery Center

### CERTIFICATION

I, Nancy Ferguson, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that I am the keeper of the records of the State Medical Board and that these records indicate that the following individual is licensed as shown:

Name: Lemagie, Susan

License Type: physician

License Number: AA 1992

Date Originally Issued: 11-1-83

Expiration Date: 12-31-94

DEROGATORY INFORMATION: none

DATED this 29<sup>th</sup> day of January, 19 93, at Juneau,  
Alaska.

\_\_\_\_\_  
Nancy Ferguson  
Licensing Examiner

(SEAL)

**ALASKA SURGERY CENTER**

**CERTIFICATION**

I, Nancy Ferguson, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that that I am the keeper of the records of the State Medical Board and that these records indicate that the following individual is licensed as shown:

Name: Susan Lemagie, M.D.

License Type: Physician

License Number: AA1992

Date Originally Issued: 11/1/83

Expiration Date: 12/31/92

DEROGATORY INFORMATION: None

DATED this 13th day of July, 1992, at Juneau, Alaska.

---

Nancy Ferguson  
Licensing Examiner

Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

THIS CERTIFIES THAT

**LEMAGIE, SUSAN**  
 IS A LICENSED **PHYSICIAN**

License Number	Effective	Expiration			
AA 1992	11/29/90	12/31/92			
Social Security Number	Date of Birth				
[REDACTED]	11/07/51				
Height	Weight	Sex	Eyes	Hair	
70	138	F	BL	BR	

03/13/2017

Control No: 019865

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box D-LIC, Juneau, Alaska 99811-0800

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed PHYSICIAN

License No.	Effective Date	Expiration Date
AA 1992	11/29/90	12/31/92

LEMAGIE, SUSAN  
 425 E. DAHLIA, SUITE J

PALMER, AK 99645

Social Security No.	[REDACTED]	
Original Issue Date	Issued By	
11/01/83	NF	

Signature of Licensee

Commissioner Jane Angvik  
 Department of Commerce & Economic Development  
 08-2407 (Rev. 10/88)

Control No: 019865

Signature

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX D, JUNEAU, AK 99811-0800  
BIENNIAL MEDICAL LICENSE RENEWAL  
January 1, 1991—December 31, 1992

Date Received  
STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 13 1990

DIVISION OF  
OCCUPATIONAL LICENSING  
0330051

Rec No.	Amount	Initials
	\$400.00	

LEMAGIE, SUSAN  
425 E. DAHLIA, SUITE J  
PALMER, AK 99645

S AA 01992 MED

Note: Your license to practice medicine in the State of Alaska expires on December 31, 1990. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after 12/31/90, you must include documentation of CME and disciplinary data report from the Federation of State Medical Boards.

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1991.

Name: (Last, First, Middle Initial)

LEMAGIE, SUSAN

License Number:

MD 1992

Social Security Number:

Sex

F

Date of Birth

11 07 51  
month day year

Telephone Number:

907 745 8379

Residence Address:

1993 HUNTLEY ROAD

Check here if you have made address corrections.

City:

PALMER

State:

AK

Zip Code:

99645

Practice Address:

425 E. DAHLIA, SUITE J

Check here if you have made address corrections.

City:

PALMER

State:

AK

Zip Code:

99645

General Information

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license:

Professional Issues: During the preceding two years:

YES NO

- Have you had any drug or alcohol related impairments, physical or mental disability which could impair your ability to practice medicine? (If you are currently registered in a board approved rehabilitation program or the ASMA Impaired Physician Program, you may answer "no" to this question).  YES  NO
- Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada?  YES  NO
- Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal law in the United States?  YES  NO
- Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)?  YES  NO
- Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist?  YES  NO
- Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof?  YES  NO
- Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body?  YES  NO
- Have you altered or retired from the active practice of medicine/podiatry in your specialty?  YES  NO
- Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign).  YES  NO

If the answer is yes to any of the above questions, please attach an explanation to this form.

You must submit your CME affidavit with your renewal to meet the renewal requirements.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation

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.

08-077 (Rev. 9/90)

Susan Lemagie  
Signature

Date:

11-9-90

YOU MUST COMPLETE THE AFFIDAVIT ON THE REVERSE SIDE

ALASKA STATE MEDICAL BOARD

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and **must** accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: 0088 Susan Lemagie, M.D. License No.: MD1992  
(Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of CME during each of the previous two years for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Date: 11-9-90 Susan Lemagie  
Signature of Physician

IMPORTANT NOTICE

**You may be audited!**

Please note that your signature on the CME affidavit form attests that you have completed the required number of hours of continuing medical education.

A representative sample number of physicians will be audited for the purpose of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I programs, your Physician Recognition Award or subspecialty recertification to document your CME.

**Warning:** Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

**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.



Susan Lemagie, M.D., F.A.C.O.G.  
425 E. Dahlia, Suite J  
Palmer, Alaska 99645  
(907) 745-8379

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

CONTINUING MEDICAL EDUCATION

NOV 13 1990

DATES	SUBJECT	LOCATION	DIVISION OF OCCUPATIONAL LICENSING	CREDITS
08/05/88	ACOG Summer Update in Obstetrics	Providence Hospital	6	
10/25/88	MCH Case Conference (Morbidity/Mortality)	Valley Hospital		1.0
01/10/89	Taxing Our Patience, Tax Strategems for Health Care Professionals	Mat-Su Medical Society		1.0
01/20/89	Chronic Right Lower Quadrant Pain in Children	Valley Hospital		1.0
04/01/89	Neonatal Resuscitation Certification	Providence Hospital		8
04/07-10/89	AIUM Endovaginal Ultrasound	Phoenix, AZ		10
04/25/89	Maternal Child Health Case Conference	Valley Hospital		1.0
05/24/89	MCH Case Conference/Review of Epidurals	Valley Hospital		1.0
06/22-23/89	Endoscopic Pelvic Surgery	Providence Hospital		13
08/03-04/89	ACOG Summer Update in Obstetrics	Providence Hospital		10
08/02-03/90	ACOG Summer Update in Obstetrics/Gynecology	Providence Hospital		8
10/06-07/90	Advanced Cardiac Life Support (ACLS)	Providence Hospital		16

Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box D-LIC, Juneau, Alaska 99811-0800

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed  
**PHYSICIAN**

Additional documentation and a fee may be required,  
 in accordance with applicable statutes & regulations.

License No.	Effective Date	Expiration Date
AA 1992	12/ 2/88	12/31/90

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

LEMAGIE SUSAN  
 425 E. DAHLIA, SUITE J

PALMER , AK 99645

THIS CERTIFIES THAT  
**LEMAGIE SUSAN**  
 IS A LICENSED **PHYSICIAN**

License Number	Effective	Expiration		
AA 1992	12/ 2/88	12/31/90		
Social Security Number		Date of Birth		
[REDACTED]		11/ 7/51		
Height	Weight	Sex	Eyes	Hair
70	138	F	BL	BR

Social Security No.	
[REDACTED]	
Original Issue Date	Issued By
11/ 1/83	KY

Signature of Licensee

LARRY MERCULIEFF

Commissioner  
 Department of Commerce & Economic Development

08-2407 (Rev. 10/88)

Control No: 032250090

03/13/2017 Control No: 03225

Signature

Return this form with check or money order to:  
 State of Alaska  
 Department of Commerce and Economic Development  
 State Medical Board  
 P.O. BOX D-LIC  
 Juneau, Alaska 99811-0800

Date Received  
 STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT

NOV 21 1988

DIVISION OF  
 OCCUPATIONAL LICENSING

**BIENNIAL MEDICAL LICENSE RENEWAL**  
 January 1, 1989 — December 31, 1990

Your license to practice medicine in the State of Alaska expires on December 31, 1988. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired.

Rec. No. <b>11730</b>	Amt. <b>400.00</b> <input checked="" type="checkbox"/>	Initial <b>Jm</b>
--------------------------	-----------------------------------------------------------	----------------------

S AA 01992 MED  
 SUSAN

LEMAGIE

425 EAST DAHLIA SUITE J  
 PALMER AK 99645

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1989.

Name: (Last, First, Middle Initial)

S U S A N L E M A G I E

License Number:

M D 1 9 9 2

Social Security Number:

[REDACTED]

Sex Date of Birth

f 11 07 51  
month day year

Telephone Number:

9 0 7 7 4 5 8 3 7 9

Address: (Please make corrections if necessary)

4 2 5 E A S T D A H L I A S U I T E J

Check here if you have made address corrections.

City:

P A L M E R

State:

A K

Zip Code:

9 9 6 4 5

**General Information:**

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license: \_\_\_\_\_

**Professional Issues:**

During the last registration period, have you

- |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Had any physical or mental disability which may impair or interfere with your ability to practice medicine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Had any felony convictions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Had any hospital restrictions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>4. Had any professional society revocations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Had any final unfavorable liability judgments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Have you had any license actions in another state or Canadian province? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the answer is yes to any of the above, file a written explanation with your renewal application.

You must submit your CME affidavit with your renewal to meet the renewal requirements.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 08.64.326(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

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.

Susan Lemagie  
 Signature

Date: 11-16-88

**YOU MUST COMPLETE THE AFFADAVIT ON THE REVERSE SIDE**

ALASKA STATE MEDICAL BOARD

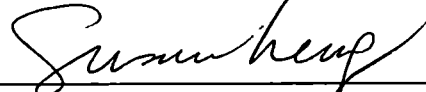
CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

055!!  
Your Continuing Medical Education (CME) affidavit is due and **must** accompany your renewal fee. Your license will not be processed until the proper fee and CME-affidavit have been received.

Name SUSAN LEMAGIE, M.D. License No. MD1992  
(Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of CME during each of the previous four years, for a total of 68 hours, that I have documentation of attendance at CME courses or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Date 11-16-17

  
Signature of Physician

IMPORTANT NOTICE

**You may be audited!**

Please note that your signature on the CME affidavit form attests that you have completed the required number of hours of continuing medical education.

A representative sample number of physicians will be audited for the purpose of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I programs, your Physician Recognition Award or subspecialty recertification on forms to be provided by the Division of Occupational Licensing at the time you are notified if you have been selected for audit.

**Warning:** Alaska Statute 08.64.326(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

**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.



The University of Alaska-Fairbanks

Department of Conferences & Continuing Education

awards this certificate to

SUSAN M. LEMAGIE

for successful completion of

CME CATEGORY I CREDIT

CONFRONTING THE EPIDEMIC: AN UPDATE ON AIDS AND OTHER STDs

October 8-10, 1987

16 Hours

STATE OF ALASKA  
DEPARTMENT OF COMMERCIAL  
& ECONOMIC DEVELOPMENT

NOV 21 1988

DIVISION OF  
OCCUPATIONAL LICENSING

Chancellor  
University of Alaska-Fairbanks

Vice-Chancellor  
Academic Affairs

Director  
Conferences & Continuing Education



PROVIDENCE HOSPITAL  
SERVING ALASKA SINCE 1922

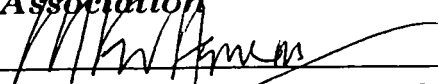
CENTER FOR EDUCATIONAL DEVELOPMENT

CONTINUING MEDICAL EDUCATION PROGRAM  
Verification of Attendance

Name of Physician: Susan Lemagie, MD

Program Title: Perinatal Outreach Education Date: June 10, 1987

*This program is acceptable for 3 hours Category 1  
and applies to the Physicians' Recognition Awards Program  
of the American Medical Association*

  
Mark E.N. Agnew, M.A., M.B., M.R.C.G.P.  
Director of Medical Staff Education

*This record should be used for your documentation of  
Continuing Medical Education hours.*

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 21 1988

DIVISION OF  
OCCUPATIONAL LICENSING



# PROVIDENCE HOSPITAL

3200 Providence Drive • Pouch 6604 • Anchorage, Alaska 99502 • (907) 562-2211

## CENTER FOR EDUCATIONAL DEVELOPMENT CONTINUING MEDICAL EDUCATION PROGRAM Verification of Attendance

Name of Physician: Susan LeMagie, MD

Program Title: Summer Update OB/GYN Date: Aug. 8-9, 1985

*This program is acceptable for 13 hours Category 1  
and applies to the Physicians' Recognition Awards Program  
of the American Medical Association*

Mark E.N. Agnew, M.A., M.B., M.R.C.G.P.  
Director of Medical Staff Education

*This record should be used for your documentation of  
Continuing Medical Education hours.*



## Department of Obstetrics & Gynecology St. Barnabas Medical Center

### Record of Attendance at Continuing Education Program

SUSAN M. LEMAGIE, M.D.  
Name

A Clinical and Histopathologic Overview of  
Obstetrics and Gynecology  
Program Title

25	New York Hilton	September 24-28, 1985
<i>Program Number</i>	<i>Place</i>	<i>Dates</i>
39	Workshop	Postgraduate
<i>Hours of Instruction</i>	<i>Format</i>	<i>Program Level</i>

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY  
& ECONOMIC DEVELOPMENT

NOV 21 1988

Course Director

This Course has been approved for 40 Cognates by the American College of  
Obstetricians and Gynecologists and for 40 hours of Category One Credit  
by the American Medical Association, Council on Medical Education.



HARVARD MEDICAL SCHOOL  
 DEPARTMENT OF CONTINUING EDUCATION  
 BOSTON, MASSACHUSETTS

THIS IS TO CERTIFY THAT

Susan M. Lemagie

was enrolled in the Department of Continuing Education of  
 Harvard Medical School for the course entitled

PEDIATRIC AND ADOLESCENT GYNECOLOGY  
 October 10-11, 1985

Harvard Medical School is accredited by the Accreditation  
 Council for Continuing Medical Education (ACCME) to  
 sponsor continuing medical education for physicians.

This offering meets the criteria for 13 credit  
 hours in Category 1 of the Physician's Recognition Award  
 of the American Medical Association.

  
 Associate Dean

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT

NOV 21 1988

DIVISION OF  
 OCCUPATIONAL LICENSING

**Valley Presbyterian  
 HOSPITAL**

Department of Medical Education  
 Calposcopy & Laser Seminar

*This is to certify that*

SUSAN LEMAGIE, M.D.

*Has completed twenty hours of Continuing Medical Education  
 in Advanced Calposcopy.*

  
 Duane E. Townsend, M.D., Course Director

DECEMBER 5-8, 1984

Date

Martin J. Sinaisky, M.D., Director of Medical Education



CONTINUING MEDICAL EDUCATION PROGRAM  
Verification of Attendance

Name of Physician: SUSAN LEMAGIE, MD

Program Title: SUMMER UPDATE CONFERENCE IN OBSTETRICS & GYNECOLOGY Date: AUG 4-5, 1988

*This program is acceptable for 6 hours Category 1 and applies to the Physicians' Recognition Awards Program of the American Medical Association*



Mark E.N. Agnew, M.A., M.B., M.R.C.G.P.  
Director of Medical Staff Education

*This record should be used for your documentation of Continuing Medical Education hours.*

DEPARTMENT OF ALASKA  
DIVISION OF PROFESSIONAL LICENSING  
& REGISTRATION  
C. E. DEVELOPMENT

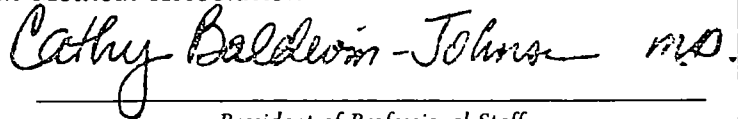


CONTINUING MEDICAL EDUCATION PROGRAM  
Verification of Attendance

Name of Physician: Susan Lemagie, M.D.

Program Title: MCH Case Conference (Morbidity/Mortality) Date: 10-25-88

*This program is acceptable for 1.0 hours of Category I and applies to the Physician's Recognition Awards Program of the American Medical Association*



President of Professional Staff

*This record should be used for YOUR documentation of Continuing Medical Education hours.*

DIVISION OF PROFESSIONAL LICENSING

State of Alaska  
 Department of Commerce and Economic Development  
 Division of Occupational Licensing  
 Alaska State Medical Board  
 P.O. Box D-LIC  
 Juneau, Alaska 99811-0800

**NOTICE OF SURCHARGE AND SURCHARGE PAYMENT FORM**

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT  
 MAR 29 1988  
 DIVISION OF  
 OCCUPATIONAL LICENSING

LEMAGIE SUSAN P.O. BOX 1106 PALMER AK 99645	S AA 01992 MED SUSAN 425 EAST DAHLIA, SUITE J AK 99645
------------------------------------------------------	-----------------------------------------------------------------

Pursuant to Section 22 of the final version of House Bill 70 (see Chapter 87 SLA 1987), and at the specific request of the State Medical Board, the Commissioner of the Department of Commerce and Economic Development hereby gives notice of the imposition of a one-time surcharge of \$120.00 on persons currently holding active physician, osteopath, or podiatry licenses under AS 08.64. The purpose of this surcharge is to cover the cost of employing an investigator and an executive secretary for the State Medical Board during FY 88. [Please also note, in accordance with this new legislation, that the costs of these two positions shall be considered services to the State Medical Board for the purpose of establishing subsequent (i.e., license renewal) fees under AS 08.01.065.]

Therefore, each physician, osteopath, and podiatrist licensed by the State of Alaska and currently in active status is hereby advised of the need to pay the surcharge on or before December 15, 1987. The Division of Occupational Licensing within the Department of Commerce and Economic Development has advised the Commissioner of the department that an across-the-board assessment of \$120.00 will cover the expenses of both the Medical Board's investigator and executive secretary positions for the current fiscal year. Thereafter, the cost of these new services will be included in the Division's determination of the amount of the biennial renewal fee. (Please note that failure to pay the required surcharge shall result in disciplinary sanctions, while late payment of the surcharge will result in the addition of late payment penalties.)

If you have any questions regarding this one-time surcharge, or if you wish a copy of the new legislation, please feel free to call any member of the Medical Board (see listing on the enclosed letter); Pamela Upton, the Medical Board's executive secretary (561-2878 in Anchorage); Kym Walker, the division's licensing examiner for the Medical Board (465-2541 in Juneau); or Randall Burns, the director of the division (465-2535 in Juneau).

Your prompt payment would be appreciated. Thank you!

**Please complete and return this payment form with \$120.00 no later than December 15, 1987. Make checks payable to the State of Alaska.**

Name: (First, Middle, Last)

S	U	S	A	N		M	A	E		L	E	M	A	G	I	E						
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License Number:

A	A			1	9	9	2
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Social Security Number:



Telephone Number:

9	0	7		7	4	5		8	3	7	9
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Address:

4	2	5		E	A	S	T		D	A	H	L	I	A		S	U	I	T	E	J						
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City:

P	A	L	M	E	R									
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State:

A	K
---	---

Zip Code:

9	9	6	4	5
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Please check here if this is a new address:

For Office Use Only

Date	Receipt #	Amount	Initial
3-29-88 <small>03/13/2017</small>	<del>100</del> 140	120.00 <i>JW</i>	<i>HR</i> <small>0098</small>

Done  
4-7-88

State of Alaska  
 Department of Commerce and Economic Development  
 Division of Occupational Licensing  
 Alaska State Medical Board  
 P.O. Box D-LIC  
 Juneau, Alaska 99811-0800

**NOTICE OF SURCHARGE AND SURCHARGE PAYMENT FORM**

S AA 01992 MED  
 SUSAN  
 LEMAGIE  
 P.O. BOX 1106  
 PALMER AK 99645

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If you have any questions regarding this one-time surcharge, or if you wish a copy of the new legislation, please feel free to call any member of the Medical Board (see listing on the enclosed letter); Pamela Upton, the Medical Board's executive secretary (561-2878 in Anchorage); Kym Walker, the division's licensing examiner for the Medical Board (465-2541 in Juneau); or Randall Burns, the director of the division (465-2535 in Juneau).

Your prompt payment would be appreciated. Thank you!

**Please complete and return this payment form with \$120.00 no later than December 15, 1987. Make checks payable to the State of Alaska.**

Name: (First, Middle, Last)

License Number:

Social Security Number:

Telephone Number:

Address:

City:

State:

Zip Code:

Please check here if this is a new address:

**For Office Use Only**

Date	Receipt #	Amount	Initial
13/20 7			0099

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

### DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

P.O. BOX D-LIC  
JUNEAU, ALASKA 99811-0800  
PHONE: (907) 465-2534

November 1, 1987

Dear Alaska Physicians:

In the closing days of this year's legislative session, HB 70 (Chapter 87, SLA 1987) was passed unanimously by both the House and Senate. The bill was approved by the Governor on June 17, 1987 and became effective September 15, 1987. This legislation significantly expands the function and authority of the State Medical Board. The measure, which was introduced by Representative John Sund of Ketchikan, passed with the strong support of the Medical Board and the Alaska State Medical Association (ASMA), along with input from the hospital association. This legislation follows recommendations for model legislation developed at the national level by the Federation of State Medical Boards. It is also in conformity with federal mandates that will go into effect in 1989 under The Health Care Quality Improvement Act of 1986 (PL-99-660).

Pivotal in the structuring and eventual passage of the law was the innovative and dedicated work of the staff of the Division of Occupational Licensing. In addition, the input of ASMA, in the person of Dr. David McGuire and the other ASMA Legislative Committee members, together with the work of others including ASMA President Don Thieman, M.D.; Dough Smith, M.D.; David Johnson, M.D.; ASMA Executive Director Ray Schalow; and ASMA Lobbyist Rick Urion was invaluable in convincing the Legislature that this was a good faith effort at effective self-regulation. Everyone involved can -- and should -- be proud of the final product.

Key provisions of the legislation detailed below:

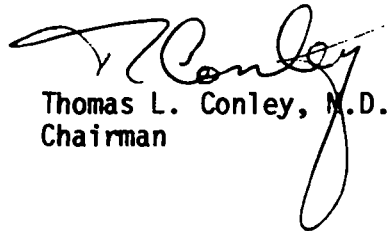
1. The legislation mandates that the fees charged for licensure will reflect actual costs to the state of regulating the practice of medicine and that the fees charged will reflect the level of the service rendered.
2. The authorization of the State Medical Board is extended to June 30, 1991.

3. The board is granted authority to coordinate with private, professional organizations to establish an impaired physicians program.
4. The board is authorized funding for two positions: an investigator and an executive secretary.
5. License renewal shall be biennial.
6. The board shall report disciplinary actions to the Federation of State Medical Boards Disciplinary Data Bank.
7. Regarding reporting requirements, the legislation provides that:
  - a. physicians who treat other physicians for alcohol or drug addiction, or for mental, emotional or personality disorders, will be required to report this to the board if there is probable cause to believe that the treated individual would constitute a danger to his or her patients or to the public if he or she continued in practice; and
  - b. a hospital that revokes, suspends, conditions, restricts or refuses to grant hospital privileges to a physician licensed in Alaska, or imposes a consultation requirement on a physician, is required to report this to the board within seven working days of the action. (Only "consultation requirements" imposed on previously hospital-privileged physicians need be reported; "consultation requirements" imposed during a probationary period prior to the granting of full privileges are exempt. Also excluded from the requirement to report are hospital privilege restrictions that arise solely from failure to complete records on time or attend required meetings.)
8. The legislation protects good faith reporting by making such reports exempt from civil or criminal liability. A physician or hospital which submits a report in good faith under items a) or b) above is exempt from criminal or civil liability.
9. Hospitals and physicians may not refuse to submit a report or withhold evidence on the grounds that:
  - a. the report concerns a matter disclosed in a physician-patient relationship or during a meeting of hospital medical staff, governing body, or committee; or
  - b. that it is required to be kept confidential under AS 18.23.030, the statute covering the confidentiality of records.
10. Material received from peer review committees is held nondiscoverable, and is not subject to subpoena unless and until the board takes action against the licensee.

11. Failure of a hospital to comply with the orders of the board to supply information during an investigation can result in action against the hospital's license by the Department of Health and Social Services. This puts teeth into the new reporting requirements and, along with the immunity from liability for good faith reporting, serves to protect hospitals from lawsuits.
12. A one-time surcharge may be imposed on presently held licenses to cover cost of the new staff/board positions until the next renewal date of December 31, 1988. [The Medical Board has hired both positions and, per the statute, has requested the Commissioner of the Department of Commerce and Economic Development to assess a one-time surcharge of \$120.00 to cover the staff expense. Please see the surcharge notice enclosed.]

Questions and suggestions about utilization of the services of the new personnel and startup of an impaired physicians program are welcome. Please feel free to contact any member of the board (listed below) or the division's director, Randall Burns.

Sincerely,



Thomas L. Conley, M.D.  
Chairman

TLC/1t7629t  
Enclosure  
100287d

Thomas L. Conley, M.D.  
3612 Tongass Avenue  
Ketchikan, AK 99901  
225-5146

Bonnie Coghlan  
741 8th Avenue  
Fairbanks, AK 99701  
452-1165

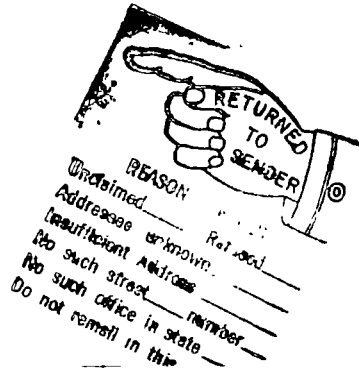
Jeffrey A. Partnow, M.D.  
1919 Lathrop, Drawer 2  
Fairbanks, AK 99701  
452-4769

Abigale Hensley  
P.O. Box 710  
Kotzebue, AK 99752  
442-3669

James W. Thompson, M.D.  
3260 Hospital Drive  
Juneau, AK 99801  
586-2611

George S. Rhyneer, M.D.  
3340 Providence Dr., Ste. 552  
Anchorage, AK 99508  
561-3211

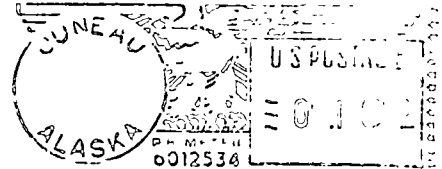
State of Alaska  
Department of Commerce  
& Economic Development  
Division of Occupational Licensing  
P.O. Box D  
Juneau, Alaska 99811



OFFICIAL BUSINESS  
STATE OF ALASKA

STATE PENALTY FOR  
PRIVATE USE

BLK RT



AA 1992  
Return  
to Sender  
Addressee  
unknown

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

DEC 4 - 1987

DIVISION OF  
OCCUPATIONAL LICENSING



STATE OF ALASKA - DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING, POUCH D - JUNEAU, ALASKA 99811

STATE MEDICAL BOARD

THIS CERTIFIES THAT AS PROVIDED BY LAW THE HEREON NAMED IS A LICENSED

PHYSICIAN

License No. AA 1992

Identification No.				
[REDACTED]				
Date of Birth				
11 07 51				
Height	Weight	Sex	Eyes	Hair
70	138	F	BL	BR
Expiration Date		Original Issue Date		
12 31 88		11 01 83		

LEMAGIE  
P.O. BOX 1106

SUSAN

PALMER

AK 99645



Mail this form and your check or money order to:

300.00  
Kul

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
POUCH D-LIC, JUNEAU, ALASKA 99811-0800

APPLICATION FOR RENEWAL OF MEDICAL LICENSE  
(Renewal period covered: January 1, 1985-December 31, 1988)

LEMAGIE SUSAN  
P.O. BOX 1106  
PALMER AK 99645  
AA 01992 MED

[Department use only]  
Date: 1/12/89  
Receipt: 0829  
Amount: 300  
Initial: LB

Your license to practice medicine in the State of Alaska expires on December 31, 1984.

By law, it is illegal for you to practice or offer to practice medicine if your license has expired.

Name:

SUSAN LEMAGIE

License Number:

Social Security Number:

[Redacted]

Telephone Number:

Address: (Please make corrections if necessary)

~~561 SOUTH DENALI, SUITE C~~ SAME AS ABOVE

City:

~~PALMER, AK~~

State:

AK

Zip Code:

Date of Birth:

11 07 51  
month day year

Height:

70  
inches

Weight:

138

Sex:

F

Hair:

BR

Eyes:

BL

General Information:

Specialty: OB-GYN

Other states and/or Canadian provinces which you are licensed: ALONTE

Professional Problems:

During the last registration period, have you

- |                                   |                              |                                        |                                                                            |                              |                                        |
|-----------------------------------|------------------------------|----------------------------------------|----------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 1. Had any mental illness?        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 4. Had any professional society revocations?                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Had any felony convictions?    | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | 5. Had any final unfavorable liability judgments?                          | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |
| 3. Had any hospital restrictions? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | 6. Have you had any license actions in another state or Canadian province? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |

If the answer is yes to any of the above, file a written explanation with your renewal application.

I certify under penalty of perjury that the above information furnished is true and correct.

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.

Susan Lemagie  
Signature

Date: 10-30-84 0105

**Fees Required (Prorated renewal)**

If your license number is between #1977 to #2030 you must pay 1/2 of the renewal fee set forth in AS 08.64.315.

Active Renewal.....(\$600.00) 1/2 = \$300.00  
Inactive Renewal.....(\$200.00) 1/2 = \$100.00

In accordance with AS 08.01.100, a penalty fee shall be charged if a license remains lapsed more than 60 days. [Penalty Fee \$10.00]

**Note:** If you reside outside alaska but practice intermittently in the State, you must hold an active Alaska license.

**REMINDER - CONTINUING EDUCATION**

In accordance with 12 AAC 40.200, proof of continuing education will be required at the next renewal.

If you are not familiar with the State Medical Board continuing education requirements, please request a copy of the regulations by writing to the address below:

Department of Commerce and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811

RECEIVED  
NOV 02 1994  
Department of Commerce  
& Economic Development

1992

# STATE MEDICAL BOARD



## STATE OF ALASKA

This Certifies That

*Susan Lemagie*

having fulfilled all the requirements of the laws of Alaska and possessing the prescribed qualifications is hereby granted a License

to practice **MEDICINE and SURGERY** in Alaska

said License being subject to biennial renewal under provisions of AS 08.64.

In Witness Whereof we have hereunto set our hands and affixed the Seal of the State Medical Board this 1st day of November, 1983.

*Hubert J. Gullett* President

*Thomas E. Conley* Secretary





STATE OF ALASKA - DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING, POUCH D - JUNEAU, ALASKA 99811  
STATE MEDICAL BOARD

THIS CERTIFIES THAT AS PROVIDED BY LAW THE HEREON NAMED IS A LICENSED

PHYSICIAN, SURGEON

License No. AA 1992

LEMAGIE  
P.O. BOX 1106

SUSAN

OB GYN

PALMER

AK 99645

Identification No.				
[REDACTED]				
Date of Birth				
11 07 51				
Height	Weight	Sex	Eyes	Hair
00	000	F		
Expiration Date		Original Issue Date		
12 31 84		11 01 83		

November 3, 1983

Susan Lemagie, M.D.  
P.O. Box 1106  
Palmer, Alaska 99645

Dear Ms. Lemagie:

Your application for medical licensure is now complete.

Your license has been mailed under separate cover. Expiration date of your initial license is December 31, 1984, at which time it must be renewed.

Your wall certificate is being processed and will be forwarded to you after the board meets again within the next six months.

In closing, I would ask that you please keep this office informed of your current address to facilitate any correspondence we may have and to insure you receive your renewal notices (it is the licensee's responsibility to insure his/her license is renewed).

If you have any questions or if I may be of assistance, please feel free to contact me at (907) 465-2541.

Sincerely,

  
Barbara Branson  
Licensing Examiner

BB/cw#22W1  
11383A

MEDICAL CHECK LIST

Endorsement X  
Examination \_\_\_\_\_

FOREIGN MEDICAL GRADUATE \_\_\_\_\_  
ECFMG \_\_\_\_\_ TRANSLATIONS \_\_\_\_\_  
APPROVED BY BOARD \_\_\_\_\_

NAME Demagie, Susan M  
ADDRESS E. 2140 Island Lake Dr. } until August  
Shelton, WA 98584 } PO Box 1106  
Palmer 99645

Temp. permit issued by:  Effec. <u>8/4/83</u> Exp. <u>4/4/83</u> Receipt # <u>16111</u> Interview <u>Rhyner</u>	Endorsement based on <u>MA / National Bd's</u> Exam Date _____ Results rec'd _____ Score <u>83.8</u> Notified _____	MD License # <u>AA 1992</u> Effective <u>1/1/83</u> Cert. letter sent _____ Lic. to Bd. _____ Lic. to licensee _____
--------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

- COMPLETE APPLICATION
- MEDICAL SCHOOL DIPLOMA
- INTERNSHIP/RESIDENCY CERT. letter d cert.
- VERIFICATION OF LIC. IN M.A.
- \$25 APPLICATION FEE, RECEIPT # 5058
- \$100 ENDORSEMENT FEE X ) OR \$125 EXAM FEE ( ), RECEIPT # 5058 ## 100 # 6270
- INTERVIEW WITH Rhyner ON 8/4/83

NARCOTICS CLEARANCE SENT 8/2/83 RECEIVED 8/8 CLEARED L  
AMA DATA SHEET SENT 8/2/83 RECEIVED 8/19 CLEARED ✓

COMMENTS: OK Pending Interview J Kinella  
5-4-83 RHYNER  
10/8-83 [Signature]

#25.06 - J 12  
 12500  
 H  
 5058  
 6/8/83

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT  
 DIVISION OF OCCUPATIONAL LICENSING  
 Pouch D  
 Juneau, Alaska 99811

STATE MEDICAL BOARD

I HEREBY APPLY for a license to practice medicine and surgery in the State of Alaska by EXAMINATION ( ), by ENDORSEMENT ( ).

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT INFORMATION.

IF APPLYING FOR LICENSURE BY ENDORSEMENT, upon what State or Provincial License or Certificate, do you base this application? Massachusetts

Certificate No. 47647 issued effective May 1981

1. Name in full Susan Mae Lemagie S.S. No. [REDACTED]
2. Other names used including maiden name none
3. Legal name changes none
4. Mailing address E 2140 Island Lk Dr, Shelton, Wa Zip Code 98584
5. Residence address Chapel Pond, Silver St Wilbraham, Ma Zip Code 01095
6. Place of Birth Tacoma, Washington Date of Birth 11-07-51
7. Are you a citizen of the U.S.? Yes () , No ( ). If yes, by birth  by naturalization \_\_\_\_\_. If no, what is your status? \_\_\_\_\_

8. MEDICAL EDUCATION

Name of School	Location	Month/Year	
<u>University of Washington</u>	<u>Seattle Wa</u>	From <u>9/75</u>	To <u>6/79</u>
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____

Graduated from University of Washington  
 Exact date on diploma June 9, 1979

9. List all states, territories, and foreign countries in which you hold or have held medical licenses. Include current status of the license.

Massachusetts - active

10. What is your specialty: Obstetrics and Gynecology  
 Board Certified? Yes ( ), No (). Date of Certification \_\_\_\_\_

BOARD ELIGIBLE

11. Where did you complete your internship? (Hospital name, location and period of service). Baystate Medical Center, Springfield Ma  
7/79 - 6/80

12. Where did you complete your residency? (Hospital name, location and period of service). Baystate Medical Center, Springfield Ma  
7/80 - current (will finish 6/83)

-Over-

13. Have you ever served as a staff member in any hospital? Yes ( ), No (X).  
If so, give name and address of hospital and period of service. \_\_\_\_\_

14. To what country, district or state medical societies have you belonged? *None*  
(If you have never been a member indicate reasons below. If you are or have been a member of a society, 27 must be completed.)

*Not necessary*

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

15. Have you ever taken the Flex Examination? Yes ( ), No (X). Date \_\_\_\_\_

16. Have you ever served in the Armed Forces? Yes ( ), No (X). If so, date of commission \_\_\_\_\_ and date of discharge \_\_\_\_\_.

If any of the following answers are yes, explain fully in a signed affidavit.

- |                                                                                                                                | YES | NO  |
|--------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 17. Have you every been disciplined by any state board for any violation of the Medical Practice Act or unethical conduct..... | ( ) | (X) |
| 18. Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Board.....  | ( ) | (X) |
| 19. Have you ever had a license to practice medicine revoked, suspended or limited.....                                        | ( ) | (X) |
| 20. Have you ever been convicted of a violation of a U.S. or State Statute, excluding minor traffic violations.....            | ( ) | (X) |
| 21. Are you now or have you ever been treated for emotional or mental illness, drug addiction or alcoholism.....               | ( ) | (X) |
| 22. Have you ever applied for and been denied a Narcotic Tax Stamp.....                                                        | ( ) | (X) |
| 23. Have you ever surrendered your Narcotic Tax Stamp.....                                                                     | ( ) | (X) |
| 24. Have you ever been convicted of a violation of any Federal or State Narcotic laws.....                                     | ( ) | (X) |
| 25. Have you ever been disciplined by a hospital staff.....                                                                    | ( ) | (X) |
| 26. Are you currently, or have you ever been under investigation by any state board or agency for alledged misconduct... ( )   | ( ) | (X) |

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

JUN 3 8 57 AM '83

RECEIVED  
COMMERCIAL  
DEPARTMENT



27. CERTIFICATE FROM PRESIDENT OR SECRETARY OF COUNTY, DISTRICT, OR STATE MEDICAL SOCIETY.

I HEREBY CERTIFY that Dr. \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ is or has been a member in good standing of the  
\_\_\_\_\_ medical society.

SOCIETY SEAL

(If society has no seal,  
notarization must be  
completed.)

\_\_\_\_\_  
President or Secretary

\_\_\_\_\_  
Address

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

28. ENDORSEMENT CERTIFICATION: If completed by the National Board of Medical Examiners or the Federation of State Medical Boards - delete those portions which you are unable to certify. *see enclosure*

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
certify that \_\_\_\_\_ was granted License or Certificate  
No. \_\_\_\_\_ effective \_\_\_\_\_. I further certify that  
\_\_\_\_\_ after written examination before this Board  
obtained a general average of \_\_\_\_\_ percent, (passing grade \_\_\_\_\_)  
in the following subjects: (Subjects and grades must be stated in full).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that the applicant's License or Certificate is current and that there are not now nor have there ever been charges or complaints filed against the holder of said License or Certificate, and that so far as the records in this office show, he is of good moral character and worthy of professional recognition and licensure by endorsement to practice medicine and surgery in the State of Alaska.

BOARD SEAL

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Date

29. 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 which appears below is a true likeness of myself taken within the past sixty days. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice medicine and surgery in the State of Alaska.

Susan M Lemagie  
Signature of Applicant



SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of Massachusetts County of Hampden this 11<sup>th</sup> day of May, 19 83.

Elizabeth M Sullivan  
Notary Public

September 7, 1984

My commission expires

NOTARY SEAL

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH.

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

JUN 3 8 57 AM '83

RECEIVED  
LICENSING

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA  
**Susan M. Lemagie, M.D.**

having satisfied all the requirements and having successfully passed the examinations is hereby  
declared a Diplomate of the National Board of Medical Examiners.

Attest **WILLIAM B. HOLDEN**  
Chairman of the Board

SEAL

**EDITHE J. LEVIT**  
President of the Board

Philadelphia, Pa.  
07/01/80

Certificate # 216720

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from UNIV WASHINGTON SCH MED in JUNE, 1979 and whose birth date is 11/07/1951. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed</u> 06/77		
Anatomy, incl. histology and embryology		
Physiology		
Biochemistry		
Pathology		
Microbiology, incl. immunology		
Pharmacology and Materia Medica		
Behavioral Sciences		
TOTAL TEST (Minimum Passing Score 380/75)		
 <u>Part II passed</u> 09/78		
Internal medicine and the medical specialties		
Surgery and the surgical specialties		
Obstetrics and Gynecology		
Public Health and Preventive Medicine		
Pediatrics		
Psychiatry		
TOTAL TEST (Minimum Passing Score 290/75)		
 <u>PART III passed</u> 03/80		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)		
 GENERAL AVERAGE (Parts, I, II, and III Scale Score)		

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

*Ann K. Averling*  
Secretary for Certification

05/04/83

0115

13/20 7    SEAL

Date

RECEIVED

JUN 3 8 57 AM '03

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

# The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine  
and by virtue of the Authority vested in Them by Law have this day admitted

**Susan M. Lemagie**

to the degree of

**Doctor of Medicine**

and have granted all the Rights Privileges and Honours thereto pertaining

Given at Seattle, in the State of Washington, this ninth day of June, in the year of our Lord  
one thousand nine hundred and seventy-nine and of the University the one hundred and nineteenth.



*Paul Blatnik*

President of the Board of Regents

*John R. Hognes*  
President of the University  
*Robert V. Little*  
Dean of the School of Medicine

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JUN 3 8 57 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

RECEIVED  
JUN 3 8 57 AM '83



Springfield Hospital Wesson Memorial Hospital Wesson Women's Hospital

TO WHOM IT MAY CONCERN:

RE: Susan Lemagie, M. D.

Please be advised that Dr. Susan Lemagie has successfully completed four years of residency training as of June 30, 1983.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lundy".

Laurence E. Lundy, M. D.  
Chairman, Department of  
Obstetrics & Gynecology

LEL/pld

*I attest that this is a true copy  
of an original document.*

*Geraldine T. Yesselin*  
*Hampden, SS.*

*my commission expires January 4, 1985*

OCCUPATIONAL  
LICENSING  
RECEIVED

JUL 18 3 57 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT



# Baystate Medical Center

Springfield, Massachusetts

An Associated Hospital of Tufts University School of Medicine

University of Massachusetts Medical School

hereby certifies that

**Susan Lemagie, M.D.**

has served as

First Year Resident in Obstetrics-Gynecology, July 1, 1979 to June 30, 1980  
Second Year Resident in Obstetrics-Gynecology, July 1, 1980 to June 30, 1981  
Third Year Resident in Obstetrics-Gynecology, July 1, 1981 to June 30, 1982  
Fourth Year Resident in Obstetrics-Gynecology, July 1, 1982 to June 30, 1983

*Karl S. Simpson*  
Chairman, Obstetrics-Gynecology



*Michael J. Daly*  
President

*John M. Galligan*  
Chairman, Board of Trustees

July 1, 1983

*Arnold A. Johnson*  
Notary Public / State of Alaska  
Palmer, Alaska 99645  
Sept 30, 1983

OFFICE OF  
LICENSING  
PROGRAMS

OCT 1 2 45 PM '83

ALABAMA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

REC'D  
MAY 13 1983

STATE OF ALASKA  
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
POUCH D  
JUNEAU, ALASKA 99811

MAY 13 1983

Sir: VERIFICATION OF LICENSURE

I am applying for a certificate to practice medicine and surgery in the State of Alaska. The State Medical Board requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it to me at the address below. Thank you.

Name Susan M. Lemagie  
Address Chapel Pond Silverst  
Wilbraham, Ma 01095

PLEASE DO NOT DETACH

State of mass.

Name of Licensee Susan Mae Lemagie

Graduate of U of Washington

License No. 47647 issued effective may 6 1981

By reciprocity/endorsement \_\_\_\_\_ by examination nat'l Bds.

License is current yes. \_\_\_\_\_ lapsed \_\_\_\_\_

Has the applicant's license ever been suspended or revoked? no If so, for what reason?

Derogatory information, if any none

Comments, if any \_\_\_\_\_

[BOARD SEAL]

Signed Joseph J. Howell M.D.  
Title Secretary  
State Board mass.  
Date 5/26/83

REGISTRATION  
LICENSING  
RECEIVED

JUN 3 8 57 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

State of Alaska  
Department of Commerce  
and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811

Susan Lemagie, M.D.  
Chapel Pond, Silver St.  
Wilbraham, MA 01095

29 May, 1983

Dear Correspondent:

Enclosed is my application for an Alaskan state medical license. All the documents you requested are included, with the exception of a copy of my internship/residency diploma, since I won't be receiving that until the end of June. I will send you a copy as soon as possible.

I plan to practice obstetrics and gynecology in Palmer and anticipate starting in mid August. I would appreciate your processing this application now as I need to apply for a Federal as well as a state DEA number. Please send me the appropriate forms.

I plan to arrive in Palmer the first week in August, and will be available for an interview after August 4th. Please notify me concerning the appointment time.

I will be at this address until the end of June; during July you can reach me at: E2140 Island Lake Drive, Shelton, WA 98584. After August 2nd you can contact me at: Box 2101 Palmer, AK 99645.

Thank you for your assistance,



OPERATIONAL  
LICENSING  
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JUN 3 8 57 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

**DEPARTMENT OF COMMERCE &  
ECONOMIC DEVELOPMENT**

DIVISION OF OCCUPATIONAL LICENSING

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

465-2541

Date: 8/2/83

Drug Enforcement Administration  
220 West Mercer  
Seattle, WA 98119

Attn: Diversion Control

Dear Sirs:

Re: Susan Lemajie                      DOB 11/7/51

The above named physician has made application to the Alaska State Medical Board for license to practice medicine and surgery. Please advise this office in the space below if you have any derogatory information on file regarding this individual.

Thank you for your assistance.

Sincerely,

*Barbara Branson*  
Barbara Branson  
License Examiner

*with record  
sent by PS  
8/5/83*

ALASKA  
RECEIVED

AUG 8 2 53 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT



STATE OF ALASKA  
Department of Commerce and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811-0800

I, Susan Lemagie, hereby  
authorize the United States Department of Justice, Drug Enforcement Agency, to release to  
the State of Alaska, Department of Commerce and Economic Development, Division of  
Occupational Licensing, State Medical Board, any information in their files with regards to  
my qualifications for licensure as a physician in the State of Alaska.

Susan Lemagie  
Signature of Applicant

Date: 5/15/83

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OCCUPATIONAL  
LICENSING  
RECEIVED

AUG 8 2 53 PM '83

JUN 3 8 57 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT.

begin practice in mid-August, I am enclosing a check for \$25 so that I may be issued a temporary license.

I will call someone from the Board in the Anchorage area and arrange for an interview. Meanwhile, I would appreciate it if you could process the temporary permit as speedily as possible.

Thank you again.  
Sincerely,  
Susan Lemagie  
MD

PROFESSIONAL  
LICENSING  
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JUL 28 12 20 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

P.O. Box 1106  
Palmer Ak  
99645

July 23, 1983

Barbara Branson ~~\$25.00~~ ✓  
Licensing Examiner #6111502  
State Medical Board 7/27/83  
Pouch D  
Juneau Ak 99811

Dear Ms Branson,

Thank you for your letter of 7/12/83. By now I'm sure you have received the notarized copy of the letter certifying completion of my residency. Since the next meeting of the Alaska State Medical Board is not until October, and I would like to

PROFESSIONAL  
LICENSING  
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JUL 28 12 20 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

July 13, 1983  
E. 2140 Island  
Lk Dr.  
Shelton, wa 98584

Evelyn Boone  
Dept Commerce + Economic Devel.  
State Medical Board  
Pouch D  
Juneau, AK 99811

Dear Ms. Boone,

I am sending you a  
notarized copy of a letter  
certifying that I finished  
my residency in obstetrics  
and gynecology. My diploma  
won't be ready until  
August, and I would  
like to finish up my  
application for an Alaskan  
license as soon as possible.

OCCUPATIONAL  
LICENSING  
RECEIVED

JUL 18 3 57 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT



This should be the last piece of information you require, with the exception of the interview.

I will arrive in Palmer on August 2. My address there is P.O. Box 1106, Palmer, Ak 99645. I would like to begin practice in mid-August.

I have not yet received a copy of the application for a state DEA number.

I would appreciate your sending this to the Palmer address. My federal DEA application is in, but I need a state number before it can be fully processed.

Please send me confirmation that my application is complete, and instruct me on whom to contact for an interview.

Thank you for your assistance.

Sincerely,

Susan Lemayie  
M.D.

1998  
12 20 7  
12 20 7

12 20 7

INTERNATIONAL  
ENGINEERING  
RECEIVED

JUL 18 3 57 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

STATE OF ALASKA  
STATE MEDICAL BOARD  
TEMPORARY PERMIT

THIS CERTIFIES THAT

Susan Lemagie

having fulfilled the requirements of the Laws of Alaska is hereby granted a temporary permit to practice

medicine and surgery  osteopathy

in the State of Alaska for a period of 8 months or until the Board meets to consider his application for permanent licensure, whichever occurs first.

In testimony whereof I the undersigned member of the State Medical Board have hereunto set my hand this 4th day of

August, 1983.

13/20 7

[Signature], M.D.

Effective Aug 4, 1983

Expires Apr 11, 1984

STATE OF ALASKA  
STATE MEDICAL BOARD

APPLICATION FOR A TEMPORARY PERMIT TO PRACTICE  
 MEDICINE AND SURGERY       OSTEOPATHY

Name of Applicant Susan Lemagic Birthdate 11/07/51

Mailing Address P.O. Box 1106 Palmer Ak 99645

U.S. Citizen? yes If no, what is your status? \_\_\_\_\_

Medical School Univ of Wash Date Graduated 1979

Internship Baystate Med Ctr. Residency same

NOTE: You are not eligible for a temporary permit to practice medicine and surgery or osteopathy in Alaska unless you intend to apply for permanent licensure. Please answer the following questions. If any of your answers are yes, explain fully on a separate sheet.

- |                                                                                                                                                       | YES | NO                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------|
| 1. Have you ever been called before any state board for interrogation concerning any violation of the medical practice act or unethical conduct?..... | ( ) | ( <input checked="" type="checkbox"/> ) |
| 2. Have you ever been denied a license by, or the privilege of taking an examination before any state medical board?.....                             | ( ) | ( <input checked="" type="checkbox"/> ) |
| 3. Have you ever had a license to practice medicine revoked or suspended?.....                                                                        | ( ) | ( <input checked="" type="checkbox"/> ) |
| 4. Have you ever been charged or convicted of a violation of a U.S. or state statute, excluding minor traffic violations?.....                        | ( ) | ( <input checked="" type="checkbox"/> ) |
| 5. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates or habit forming drugs?.....                                   | ( ) | ( <input checked="" type="checkbox"/> ) |
| 6. Are you now or have you ever been emotionally or mentally ill?.....                                                                                | ( ) | ( <input checked="" type="checkbox"/> ) |
| 7. Have you ever been treated for mental or emotional illness, drug addiction or inebriety?.....                                                      | ( ) | ( <input checked="" type="checkbox"/> ) |
| 8. Have you ever applied for and been denied a BNDD number?.....                                                                                      | ( ) | ( <input checked="" type="checkbox"/> ) |
| 9. Have you ever been charged with or convicted of a violation of any federal or state narcotic laws?.....                                            | ( ) | ( <input checked="" type="checkbox"/> ) |
| 10. Have you ever made an offer to compromise in connection with any federal or state narcotic laws?.....                                             | ( ) | ( <input checked="" type="checkbox"/> ) |
| 11. Have you ever previously held a temporary permit in Alaska?.....                                                                                  | ( ) | ( <input checked="" type="checkbox"/> ) |

I CERTIFY that the information above is true and correct. I understand that any false information may result in the revocation of my temporary permit and failure to obtain permanent licensure in the State of Alaska.

Susan M. Lemagic  
Signature of Applicant

BOARD MEMBER: COMPLETE LOWER PORTION

I have interviewed the above named, find him qualified for and have issued him a temporary permit to practice  medicine and surgery  osteopathy in the State of Alaska, effective Aug 4th, 1983 Enclosed are the following:

1. Copy of temporary permit.
2. Certified copy of medical school diploma.
3. Certified copy of internship or residency certificate.
4. \$25 temporary permit fee.

Recommended for permanent licensure upon completion of requirements? Yes

Date of Interview Aug

Deane S. Jensen, M.D.  
Signature of Board Member

Temp. lic. see receipt 6111

OFFICE OF ALASKA  
LICENSING  
RECEIVED

AUG 10 9 17 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT



Springfield Hospital Wesson Memorial Hospital Wesson Women's Hospital

TO WHOM IT MAY CONCERN:

RE: Susan Lemagie, M. D.

Please be advised that Dr. Susan Lemagie has successfully completed four years of residency training as of June 30, 1983.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lundy".

Laurence E. Lundy, M. D.  
Chairman, Department of  
Obstetrics & Gynecology

LEL/pld

*I attest that this is a true copy  
of an original document.*

*Geraldine T. Gusselin*

---

*Hampton, S.S.*

*My commission expires January 4, 1985*

I certify this is a true & correct copy of the original -

August 4, 1983 @ Palmer, Alaska

Annie C. Deming Notary Public  
State of Alaska  
my Comm E+10. 6/22/87

# The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine  
and by virtue of the Authority vested in Them by Law have this day admitted

**Susan M. Lemagie**

to the degree of

**Doctor of Medicine**

and have granted all the Rights Privileges and Honours thereto pertaining

Given at Seattle, in the State of Washington, this ninth day of June, in the year of our Lord  
one thousand nine hundred and seventy-nine and of the University the one hundred and nineteenth.



President of the Board of Regents

  
President of the University  
  
Dean of the School of Medicine



PROFESSIONAL  
LICENSING  
DIVISION

AUG 10 9 17 AM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

1983

8/5 10:20 AM phoned - said Dr. Rhyner issued her a temporary 8/4. Said DEA would be phoning me for verification. Indicated I understood her rush for a DEA # but I would have to then to Dr. Rhyner as I do not have a copy on file so cannot confirm it. *hb*

8/5 DEA phoned -- referred them to Dr. Rhyner. *hb*  
03/30 I do not have copy of permit. 0149

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
STATE MEDICAL BOARD  
POUCH D, JUNEAU, ALASKA 99811-0800  
PHONE: (907) 465-2541

\$100.00 ✓  
Paa

DATE: 10/26/83

RECEIPT: 10270

AMOUNT \$ 100.00

INITIALS: WJ

10/12/83

Dear Dr. Lemagne

The State Medical Board reviewed your application for permanent licensure at their meeting on 10/17+8/83.

I am happy to inform you that your application was approved. Your license will be mailed within the next two weeks and is valid through \_\_\_\_\_, at which time it must be renewed. Your wall certificate is being processed and will be sent to you after the board meets again, probably in the next six months.

X

Your license was approved pending receipt of:

- a) AMA and/or narcotics clearances.
- b) Necessary fees in the amount of \$ 100.00.
- c) An interview with a board member.
- d) Board exam score results.
- e) Verification of licensure in \_\_\_\_\_.
- f) Other: \_\_\_\_\_

I will issue your license certificate upon receipt of the above missing items. Your wall certificate will then be processed and sent to you at a later date.

Your application was not approved at this time for the following reasons:

In closing, I would ask that you please keep this office informed of your current address to facilitate any correspondence we might have, and to insure that you receive proper notification of renewal dates when they occur.

If you should have any questions or if I can be of any assistance, please feel free to contact me at (907) 465-2541.

Sincerely,

Barbara Branson  
Evelyn Boone  
Licensing Examiner

RECEIVED

OCT 26 12 35 PM '83

ALASKA DEPT. OF  
COMMERCE & ECONOMIC  
DEVELOPMENT

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
STATE MEDICAL BOARD  
POUCH D, JUNEAU, ALASKA 99811  
Phone (907) 465-2541

Date:

7/12/83

Dear Doctor:

*L. Macey*

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

We've been advised that you have been issued a temporary permit and wish to pursue permanent licensure as a physician and surgeon in Alaska. Enclosed is a complete licensing packet for your information and guidance. Please advise of any address change.

Your file is complete and will be reviewed at the next board meeting held on \_\_\_\_\_.

Your file is incomplete and you will need to submit the following:

1. Completed Application  
\_\_\_\_\_
2. \$25 Application Fee
3. \$100 Endorsement Fee
4. \$125 Exam Fee (for examinees only)
5. Notarized copy of your medical school diploma
6. Notarized copy of your internship/residency certificate
7. Verification of license(s) in \_\_\_\_\_  
\_\_\_\_\_  
(Form(s) Enclosed)
8. And obtain an interview from a member of the Alaska State Medical Board. Their names and addresses are enclosed for your use.

Additional Comments: *The next meeting has been held on 10/10-8/83, and your application is complete. It will be reviewed.*

If you have any questions, please do not hesitate to contact this office.

Very truly yours,

*Barbara Brown*

Licensing Examiner

November 2, 2001

Susan Lemagie M.D.  
425 Dahlia, Suite J  
Palmer, AK 99645

Reference: Alaska State Medical Board (Board) Investigation 2800.00.55, Susan Lemagie M.D.

As you know, [REDACTED], previously filed a complaint with this Division alleging that you failed to provide her with appropriate medical care.

This matter was reviewed by a physician member of the Board, and it was determined that there was no evidence that your actions violated any statutes or regulations that govern the practice of medicine in Alaska. I have attached a copy of the Board Member's review as it contains information which you may find helpful in your practice. The physician Board member's name and address have been deleted.

Although no licensing action was taken and this case is closed, you were the subject of an official Board Investigation.

This letter is not a public document, and will not be placed in your licensing file. Investigative material may be released to other licensing boards/agencies and law enforcement agencies.

You may reach me at 907.269.8176.

Debra Luker  
Investigator  
State Medical Board