

License #: 103312
Effective: 11/17/2016
Expires: 12/31/2018

STATE OF ALASKA

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

Medical

Licensee: **DANA DOROTHY ESPINDOLA**

License Type: **Physician**

Status: **Active**

Commissioner: Chris Hladick

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA
No relationships found.				

Designations

Type	Group
Obstetrics and Gynecology	Specialties

DANA DOROTHY ESPINDOLA

Wallet Card

State of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

Medical

DANA DOROTHY ESPINDOLA

As

Physician

License	Effective	Expires
103312	11/17/2016	12/31/2018

0001



THE STATE

of
ALASKA

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
Website: ProfessionalLicense.Alaska.gov

MED

2016 Online Renewal - Fee: \$300.00

Physician

License Number: 103312
Program: Medical
Type: Physician
Current Status: Active
Issue Date: 8/17/2015
Current Effective Date: 8/17/2015
Current Expiration Date: 12/31/2016
Owner(s): DANA DOROTHY ESPINDOLA
Mailing Address: [REDACTED]

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.



Residence 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:



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.

New Mexico license # RS2008-0426 expired 7/1/2013 AND New Mexico license # MD2012-0549 expires 7/1/2018

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 between January 1, 2015 and January 1, 2016: I have completed and been awarded credit for at least 25 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: Dana Espindola

Contact Phone:



License #: 103312
Effective: 08/17/2015
Expires: 12/31/2016

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

Licensee: **DANA DOROTHY ESPINDOLA**
License Type: **Physician**
Status: **Active**

Commissioner: Chris Hladick

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA
No relationships found.				

Designations

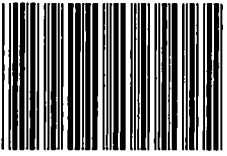
Type	Group
Obstetrics and Gynecology	Specialties

DANA DOROTHY ESPINDOLA
[Redacted]

Wallet Card

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
State Medical Board
DANA DOROTHY ESPINDOLA
As
Physician

License 103312	Effective 08/17/2015	Expires 12/31/2016 0006
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103312



4945198

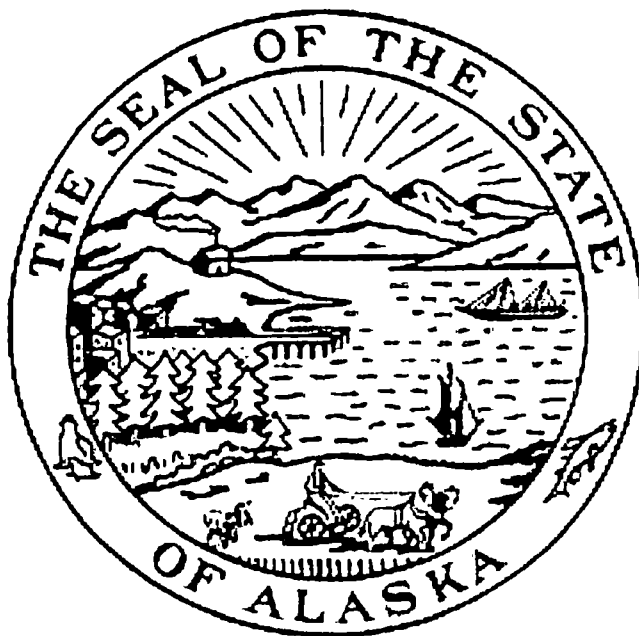


New Packet? ☐

**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.



License #: 103312
Effective: 08/17/2015
Expires: 12/31/2016

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

Licensee: **DANA DOROTHY ESPINDOLA**

License Type: **Physician**

Status: **Active**

Commissioner: Chris Hladick

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA
No relationships found.				

Designations

Type	Group
Obstetrics and Gynecology	Specialties

DANA DOROTHY ESPINDOLA



Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing State Medical Board DANA DOROTHY ESPINDOLA As Physician		
License 103312	Effective 08/17/2015	Expires 12/31/2016



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

STATE MEDICAL BOARD

550 West Seventh Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Main: 907.269.8163
Fax: 907.269.8196

August 17, 2015

Greetings Medical Board Licensee!

Congratulations! I have enclosed your permanent license to practice medicine in the State of Alaska.

You are responsible for knowing our Medical Statutes & Regulations. They are updated frequently, so please review them at least once a year, if not more frequent. You can locate our Medical Statutes & Regulations on our website:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

It is a good idea to bookmark this site.

For your information, please find enclosed a copy of the **Alaska Medical Board Resolution regarding the practice of telemedicine in the State of Alaska.**

Please ensure your address is current at all times with the Medical Board, and keep copies of all CME certificates for annual education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES: If you would like to receive notices of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List, attention to the Regulations Specialist with the Division of Corporations, Business & Professional Licensing at the address below.

Again, congratulations on your permanent license and don't hesitate to reach out if you have any questions or concerns.

Thank you,

Aiko Zaguirre

Medical Licensing Examiner (L-Z)

State of Alaska Medical Board

Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau AK 99811-0806

Email: aiko.zaguirre@alaska.gov

Phone: (907) 465-2541

Fax: (907) 465-2974

<http://commerce.alaska.gov/occ/>



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

P.O. Box 110806
Juneau, Alaska 99811-0806
Main 907.465.2550
Fax: 907.465.2974

Dear Licensee:

Congratulations on earning your professional license. I wish you success in your chosen field.

If you plan to start a new business, you will need an Alaska business license in addition to the enclosed license. Applications may be obtained from any business license office or downloaded from www.commerce.alaska.gov/occ.

If you have any questions about the laws governing business licensing, you may call our Juneau office at (907) 465-2550 or our Anchorage office at (907) 269-8173.

Sincerely,

A handwritten signature in black ink, appearing to read "Janey L. Hovenden".

Janey L. Hovenden
Director

Alaska State Medical Board Board Issued Guidelines

Board Issued Guidelines		Section 6
Subject:	<i>Telemedicine</i>	
Implemented:	January 20-21, 2011	
Revised:	May 17-18, 2012; November 6-7, 2014	

In order to provide care for a patient in the State of Alaska (including reading and interpreting films, samples, or images, or otherwise diagnosing, treating, or rendering an opinion), a physician must hold a current, active license issued by the Alaska State Medical Board. This requirement also applies to second opinions if the physician is charging a fee for providing the opinion. The only exception is for a “curbside” opinion given as a courtesy to a colleague (a licensed physician) for which there is no charge.

There are two types of “telemedicine” practice allowed in the State of Alaska:

1) The long-standing Board-sanctioned practice by a physician who is not physically present with the patient when:

- there is an established physician-patient relationship based on an in-person physician exam; or
- there is an appropriate (licensed) health care provider on the other side of the transaction (with the patient) to assist the physician with their examination and diagnosis processes; or
- the physician is providing on-call or cross-coverage emergency care and the physician has access to the patient records; or
- the physician is caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physician examination; or
- the physician is a radiologist or pathologist and is only reading or interpreting films or samples.

This type of practice does not require the physician to be located in the State of Alaska, but does require the physician to practice in accordance with all relevant laws and practice standards.

2) The practice of telemedicine authorized under Alaska Statute (AS) 08.64.364 (effective November 28, 2014) by a physician prescribing, dispensing, or administering a prescription drug without first conducted an in-person physical examination of the patient, if:

- the prescription drug is not a controlled substance;
- the physician is located in the State of Alaska and a licensed health care provider is

-continued on next page-

Alaska State Medical Board Board Issued Guidelines

-continued from previous page-

available to provide follow-up care; and

- the patient consents to sending, and the physician sends, a copy of the records to the patient's primary care provider.

This type of practice does require the physician to be located in the State of Alaska, and does require the physician to practice in accordance with all relevant laws and practice standards, including compliance with

- the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014); and
- the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014).

In addition, the Board is in the process of adopting regulations that include the following practices to be considered unprofessional conduct under state law (12 AAC 40.967):

(27) providing treatment, rendering a diagnosis, or prescribing medications without first conducting an in-person physical examination, or based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format, except for

(A) providing care to a person when the licensee has a patient-physician or patient-physician assistant relationship with the person;

(B) providing on-call or cross-coverage emergency care when the physician has access to the patient records;

(C) reading or interpreting of films or samples by a radiologist or pathologist; or

(D) caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physical examination.

(29) prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

(A) for use in emergency treatment;

(B) for expedited partner therapy for sexually transmitted diseases; or

(C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism; or

(D) by a physician practicing telemedicine under AS 08.64.364, as long as the physician complies with the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014), and the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014), adopted by reference.



ALASKA STATE MEDICAL BOARD
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
(333 Willoughby Avenue – Ninth Floor)
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2756 A – K or (907) 465-2541 L – Z
E-mail: medicalboard@alaska.gov

FINAL BOARD ACTION

Espindola, Dana Dorothy ☒ MD ☐ DO ☐ DPM
PHYSICIAN APPLICANT'S NAME (Last, First, Middle)

APPROVAL TO GRANT A PERMANENT, UNRESTRICTED LICENSE

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

PENDING: ☐ Fees ☐ NPDB Report ☐ Other _____

Signature, Board Member: _____

Date: August 7, 2015

APPROVAL TO GRANT A LICENSE WITH CONDITIONS

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

Conditions of Licensure: _____

Signature, Board Member: _____

Date: _____

LICENSE APPLICATION DENIED

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

Basis for Denial: _____

Signature, Board Member: _____

Date: _____

For Staff Use Only: License Issue Date: 8/7/15 License No.: 103312 By: A3

Application Referred to: _____ for MOA or _____

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

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Wednesday, June 03, 2015 8:35 AM
To: 'Dana Espindola'
Subject: RE: Alaska Medical Board - Status Update

Good Morning Dr. Espindola,

The letters from you and [REDACTED] has been received.

Your file will be reviewed by the Board at the August Board Meeting.

Have a great day.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances. Please plan accordingly.*

***US mail can take a minimum of 10 business days to reach my desk*

****If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

Medical Licensing Examiner (A-K)
mary.sikes@alaska.gov
State of Alaska Medical Board
Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax



ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

From: Dana Espindola [REDACTED]
Sent: Tuesday, June 02, 2015 1:35 PM
To: Sikes, Mary R (CED)
Subject: Re: Alaska Medical Board - Status Update

Hello,

I wanted to make sure you have received the letter from myself and [REDACTED] as they were both sent out.
Thank you.

Dana Espindola

Sent from my iPhone

On May 11, 2015, at 7:51 AM, Sikes, Mary R (CED) <mary.sikes@alaska.gov> wrote:

Good Morning,
The letter from [REDACTED] must be a signed original, sent directly to the Board from [REDACTED]

Your letter of explanation should also be an original sent directly to the Board, signed and dated by you.

Have a great day

Mary R. Sikes

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Corporations, Business and Professional Licensing
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Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax
<image002.jpg>
ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

From: Dana Espindola [REDACTED]
Sent: Friday, May 08, 2015 4:02 PM
To: Sikes, Mary R (CED)
Subject: Re: Alaska Medical Board - Status Update

Do the letters have to be mailed or can they be emailed?

Sent from my iPhone

On May 8, 2015, at 5:48 PM, Sikes, Mary R (CED) <mary.sikes@alaska.gov> wrote:

Good Afternoon,
In answer to your questions:

- Attached is the instructions from your application about 'yes' answers and the page with your 'yes' answer.
- Please provide the needed information as soon as possible so your application can be reviewed by the Board at the August meeting. A permanent license cannot be issued without Board approval.
- Your temporary license will expire 10/2/2015
- The Board reviewed your application this week and returned it for more information about your 'yes' answer.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Have a great day

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

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Medical Licensing Examiner (A-K)

mary.sikes@alaska.gov

State of Alaska Medical Board

Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau AK 99811-0806

(907) 465-2756

(907) 465-2974 fax

<image001.jpg>

ProfessionalLicense.Alaska.Gov/StateMedicalBoard

State of Alaska Medical Board

From: Dana Espindola [REDACTED]
Sent: Friday, May 08, 2015 2:29 PM
To: Sikes, Mary R (CED)
Subject: Re: Alaska Medical Board - Status Update

Hello,

What "yes answer" are you referring to? Does this mean my application was not reviewed by the board on May 7th? How would this affect my permanent license?

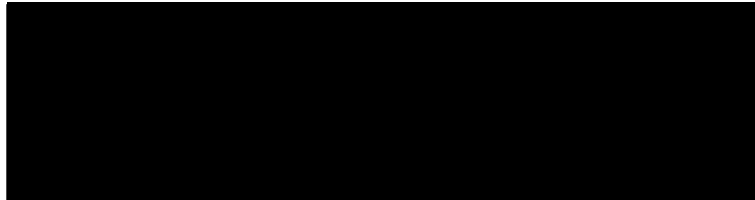
Sent from my iPhone

On May 8, 2015, at 3:37 PM, Sikes, Mary R (CED) <mary.sikes@alaska.gov> wrote:

Good Day,
Please accept my apologies for not bringing this to your attention earlier.

Before your application can be reviewed by the Board a few items about your yes answer are required, these items are:

- Letter of Explanation from you about your yes answer
- Letter from [REDACTED] (letter sent direct from [REDACTED] to the Board) with the following information:



Again, I apologize for not requesting these required items previously.

Have a great day.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

***US mail can take a minimum of 10 business days to reach my desk*

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Medical Licensing Examiner (A-K)
mary.sikes@alaska.gov
State of Alaska Medical Board
Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax

<image003.jpg>

ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

No. 8608

Effective: 04/02/2015

Expires: 10/02/2015

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

STATE MEDICAL BOARD

Certifies that

DANA DOROTHY ESPINDOLA

IS A PHYSICIAN

WITH A TEMPORARY PERMIT TO PRACTICE MEDICINE

VALID NO LONGER THAN SIX MONTHS FROM 4/2/15.

Commissioner: Chris Hladick

Wallet Card

No. 8608

State Of Alaska

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

DANA DOROTHY ESPINDOLA

IS A PHYSICIAN

WITH A TEMPORARY PERMIT TO PRACTICE MEDICINE

Effective	Expiration	Date of Birth
04/02/2015	10/02/2015	[REDACTED]

VALID NO LONGER THAN SIX MONTHS FROM 4/2/15.

Signature _____

Per 12 AAC 02.900 you must notify our office 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

MED

DANA DOROTHY ESPINDOLA



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

STATE MEDICAL BOARD

550 West Seventh Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Main: 907.269.8163
Fax: 907.269.8196

April 2, 2015

Greetings Medical Board Licensee!

Congratulations! I have enclosed your temporary permit to practice medicine in the State of Alaska.

The Medical Board, which will be meeting on May 7th & 8th in Juneau, Alaska. Upon their approval, and there are no questions, concerns, or comments from the Medical Board, a permanent license will be issued and mailed within 10 business days after they convene. You may also check our website approximately 10 business days after the meeting to view your license information:

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>.

You are responsible for knowing our Medical Statutes & Regulations. They are updated frequently, so please review them at least once a year, if not more frequent. You can locate our Medical Statutes & Regulations on our website, referenced above. It is a good idea to bookmark this site.

For your information, please find enclosed a copy of our Guide for Telemedicine.

Please ensure your address is current at all times with the Medical Board, and keep copies of all CME certificates for annual education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES: If you would like to receive notices of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List, attention to the Regulations Specialist with the Division of Corporations, Business & Professional Licensing at the address below.

Again, congratulations on your temporary permit and don't hesitate to reach out if you have any questions or concerns.

Thank you,

Mary R. Sikes
Medical Licensing Examiner (A-K)
State of Alaska Medical Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907)465-2541
mary.sikes@alaska.gov , or Division website <http://commerce.alaska.gov/occ/>

RECEIVED
Juneau

JUN 04 2015

Division of Corporations, Business
and Professional Licensing

ALBUQUERQUE

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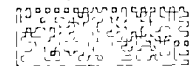
Master

FIRST-CLASS MAIL

06/01/2015

US POSTAGE

\$00.48⁵



ZIP 97106
011012602765

ADDRESS SERVICE REQUESTED

Mary Sikes
333 Willoughby Ave – Ninth Floor
PO Box 110806
Juneau, Alaska 99811

0024



**RECEIVED
JUNEAU**

JUN 01 2015

Division of Corporations, Business
and Professional Licensing
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Alaska State Medical Board
Attn: Mary Sikes
Dept. of Community & Economic Dev. Div. of Occup.
Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

05/16/2017

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05/16/2017

**RECEIVED
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MAY 21 2015

Division of Corporations, Business
and Professional Licensing

0029

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Friday, May 08, 2015 3:49 PM
To: 'Dana Espindola'
Subject: RE: Alaska Medical Board - Status Update
Attachments: Scanned from Commerce Xerox multifunction device.pdf

Good Afternoon,
In answer to your questions:

- Attached is the instructions from your application about 'yes' answers and the page with your 'yes' answer.
- Please provide the needed information as soon as possible so your application can be reviewed by the Board at the August meeting. A permanent license cannot be issued without Board approval.
- Your temporary license will expire 10/2/2015
- The Board reviewed your application this week and returned it for more information about your 'yes' answer.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Have a great day

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

***US mail can take a minimum of 10 business days to reach my desk*

****If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

Medical Licensing Examiner (A-K)
mary.sikes@alaska.gov
State of Alaska Medical Board
Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax



Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Friday, May 08, 2015 1:38 PM
To: [REDACTED]
Subject: Alaska Medical Board - Status Update

Good Day,
Please accept my apologies for not bringing this to your attention earlier.

Before your application can be reviewed by the Board a few items about your yes answer are required, these items are:

- Letter of Explanation from you about your yes answer
- Letter from [REDACTED] (letter sent direct from [REDACTED] to the Board) with the following information:

[REDACTED]

Again, I apologize for not requesting these required items previously.

Have a great day.

Mary R. Sikes

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**US mail can take a minimum of 10 business days to reach my desk
***If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

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Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax



ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

From: Sikes, Mary R (CED)
Sent: Thursday, April 02, 2015 10:17 AM
To: 'Dana Espindola'
Subject: RE: Application Received

Congratulations! I have issued your temporary permit to practice medicine in the State of Alaska. You may retrieve your license information from our web site <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard/ProfessionalLicenseSearch.aspx> Your hard copy will be mailed out in the next 2-3 business days.

This is only a temporary permit pending final review & approval by the Medical Board, which will be meeting on May 7th & 8th 2015, in Juneau Alaska. Upon approval from the Medical Board, and there are no questions, concerns, or comments, I will issue a permanent license after they convene. You will be notified by mail, upon receipt of your permanent license, which will take 5-10 business days to reach your mailing/contact address. You may also check our website approximately 10 business days after the Board meeting to view your license information.

Please review our Medical Statutes & Regulations on our website, they are updated frequently, <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>. It is a good idea to bookmark this site.

For your information, please find attached a copy of our Guide to Telemedicine.

As a licensed physician, please ensure your address is current at all times with the Medical Board, and keep copies of all CME certificates for annual education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES. If you would like to receive notices of all proposed medical regulation changes, please send a written request adding your name to the "Medical"

Interested Parties List, attention to the Regulations Specialist with the Division of Corporations, Business & Professional Licensing at the address below.

Again, congratulations on your temporary permit and don't hesitate to reach out if you have any questions or concerns!

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

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Medical Licensing Examiner (A-K)

mary.sikes@alaska.gov

State of Alaska Medical Board

Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau AK 99811-0806

(907) 465-2756

(907) 465-2974 fax

<image002.jpg>

ProfessionalLicense.Alaska.Gov/StateMedicalBoard

State of Alaska Medical Board

From: Sikes, Mary R (CED)

Sent: Monday, March 23, 2015 3:32 PM

To: 'Dana Espindola'

Subject: RE: Application Received

Dear Applicant,

Your application file is completed and will go to the Medical Boards Executive Administrator for the next step in the process. This may take up to 20-25 business days.

If there are "yes" answers on the application, the standard review period does not apply.

While an application is in review, there is NO status update from the Executive or myself. Either an Applicant will be contacted by the Executive for more information or by me if an approval has been issued.

Upon approval from the Executive Administrator, a temporary license may be issued and the Applicant notified by mail and email. You can also check the website at:
<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard/ProfessionalLicenseSearch.aspx>

If approved for a temporary permit, your file will be presented to the Medical Board for consideration at its next regularly scheduled meeting, May 7th and 8th 2015 in Juneau Alaska. The Board will review your application and all associated documents. Upon the recommendation of the Medical Board, and assuming all fees have been paid, a permanent license may be issued within 10 business days of the Board meeting.

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

***US mail can take a minimum of 10 business days to reach my desk*

****If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

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State of Alaska Medical Board
Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax

<image003.jpg>

ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

Stovern, Debora J (CED)

From: Stovern, Debora J (CED)
Sent: Wednesday, April 01, 2015 3:53 PM
To: [REDACTED]
Subject: Alaska license application

Dr. Espindola,

Your application file for a license to practice as a physician in the State of Alaska was referred to me by our licensing examiner. I have reviewed and approved issuance of your temporary permit. The licensing examiner will be processing that soon.

While considering the information provided with your application, I have noted the following discrepancy.

The application for licensure question 18 states: *"Please list all states or territories of the United States, provinces of Canada, or other countries in which you hold or have ever held medical licenses. Include instructional or training permits. Failure to disclose all licenses may result in disciplinary sanctions or denial."* When you completed the application form, you did not include a resident permit issued by New Mexico. It was only when we received other application documents that we discovered you were issued a license in that state. Please note that all licenses ever issued were requested in the application.

The Alaska State Medical Board bases its licensing decisions on the information contained in the application documents and the verifications required to support those documents. Incomplete information in an application is a very serious matter to the board. Failing to disclose material information in an application may be grounds for discipline. You signed an affidavit in the application certifying that the information contained therein was true and correct.

The purpose of this letter is to caution you to be vigilant in providing accurate and complete information when executing such application documents. This letter is not a formal board action; it is a part of the license application processing procedure.

Sincerely,

Debora Stovern
Executive Administrator
Alaska State Medical Board

.....
Telephone: 907-269-8163

Fax: 907-269-8196

Website: <http://www.commerce.state.ak.us/occ/pmed.htm>

Alaska State Medical Board
Board Issued Guidelines

Board Issued Guidelines		Section 6
Subject:	<i>Telemedicine</i>	
Implemented:	January 20-21, 2011	
Revised:	May 17-18, 2012; November 6-7, 2014	
<p>In order to provide care for a patient in the State of Alaska (including reading and interpreting films, samples, or images, or otherwise diagnosing, treating, or rendering an opinion), a physician must hold a current, active license issued by the Alaska State Medical Board. This requirement also applies to second opinions if the physician is charging a fee for providing the opinion. The only exception is for a “curbside” opinion given as a courtesy to a colleague (a licensed physician) for which there is <u>no charge</u>.</p> <p>There are two types of “telemedicine” practice allowed in the State of Alaska:</p> <p>1) The long-standing Board-sanctioned practice by a physician who is not physically present with the patient when:</p> <ul style="list-style-type: none">• there is an established physician-patient relationship based on an in-person physician exam; or• there is an appropriate (licensed) health care provider on the other side of the transaction (with the patient) to assist the physician with their examination and diagnosis processes; or• the physician is providing on-call or cross-coverage emergency care and the physician has access to the patient records; or• the physician is caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physician examination; or• the physician is a radiologist or pathologist and is only reading or interpreting films or samples. <p>This type of practice <u>does not</u> require the physician to be located in the State of Alaska, but does require the physician to practice in accordance with all relevant laws and practice standards.</p> <p>2) The practice of telemedicine authorized under Alaska Statute (AS) 08.64.364 (effective November 28, 2014) by a physician prescribing, dispensing, or administering a prescription drug without first conducted an in-person physical examination of the patient, if:</p> <ul style="list-style-type: none">• the prescription drug is not a controlled substance;• the physician is located in the State of Alaska and a licensed health care provider is <p style="text-align: right;">-continued on next page-</p>		

Alaska State Medical Board Board Issued Guidelines

-continued from previous page-

available to provide follow-up care; and

- the patient consents to sending, and the physician sends, a copy of the records to the patient's primary care provider.

This type of practice does require the physician to be located in the State of Alaska, and does require the physician to practice in accordance with all relevant laws and practice standards, including compliance with

- the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014); and
- the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014).

In addition, the Board is in the process of adopting regulations that include the following practices to be considered unprofessional conduct under state law (12 AAC 40.967):

(27) providing treatment, rendering a diagnosis, or prescribing medications without first conducting an in-person physical examination, or based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format, except for

- (A) providing care to a person when the licensee has a patient-physician or patient-physician assistant relationship with the person;
- (B) providing on-call or cross-coverage emergency care when the physician has access to the patient records;
- (C) reading or interpreting of films or samples by a radiologist or pathologist; or
- (D) caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physical examination.

(29) prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

- (A) for use in emergency treatment;
- (B) for expedited partner therapy for sexually transmitted diseases; or
- (C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism; or
- (D) by a physician practicing telemedicine under AS 08.64.364, as long as the physician complies with the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014), and the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014), adopted by reference.

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Monday, March 23, 2015 3:32 PM
To: 'Dana Espindola'
Subject: RE: Application Received

Dear Applicant,

Your application file is completed and will go to the Medical Boards Executive Administrator for the next step in the process. This may take up to 20-25 business days.

If there are "yes" answers on the application, the standard review period does not apply.

While an application is in review, there is NO status update from the Executive or myself. Either an Applicant will be contacted by the Executive for more information or by me if an approval has been issued.

Upon approval from the Executive Administrator, a temporary license may be issued and the Applicant notified by mail and email. You can also check the website at:

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard/ProfessionalLicenseSearch.aspx>

If approved for a temporary permit, your file will be presented to the Medical Board for consideration at its next regularly scheduled meeting, May 7th and 8th 2015 in Juneau Alaska. The Board will review your application and all associated documents. Upon the recommendation of the Medical Board, and assuming all fees have been paid, a permanent license may be issued within 10 business days of the Board meeting.

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.*

***US mail can take a minimum of 10 business days to reach my desk*

****If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

Medical Licensing Examiner (A-K)

mary.sikes@alaska.gov

State of Alaska Medical Board

Corporations, Business and Professional Licensing

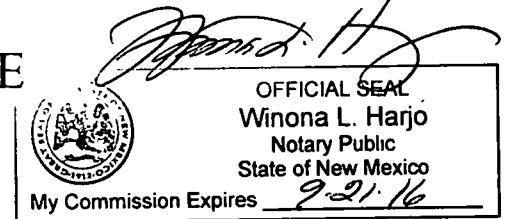
P.O. Box 110806

Juneau AK 99811-0806

(907) 465-2756


(907) 465-2974 fax

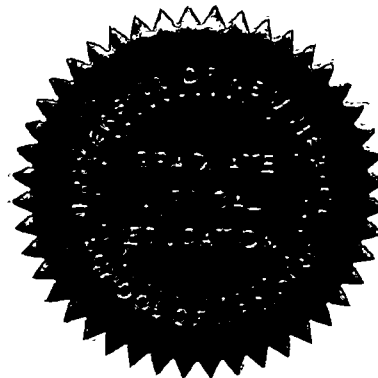
Certified true Copy of Original



Certificate Awarded to
Dana D. Espindola, MD


**In recognition of successful completion
of the accredited program as
Resident in Obstetrics/Gynecology
June 2008 - July 2012**


Associate Dean for Graduate
Medical Education




Program Director


Dean, School of Medicine


Department Chair

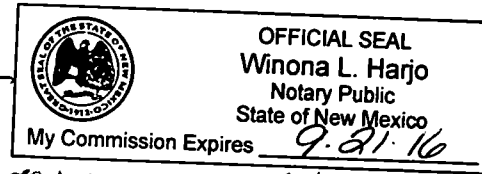
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Juneau

MAR 20 2015

Division of Corporations, Business
and Professional Licensing

Certified true Copy of the Original

Wanda H.



The University of New Mexico

has conferred upon

Dana Espindola

the degree of

Doctor of Medicine

with all the rights and privileges appertaining to that degree.

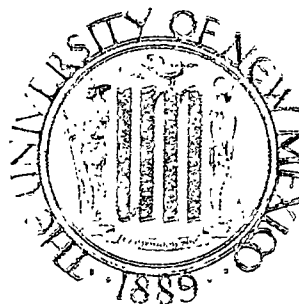
in testimony whereof the Regents of the University upon recommendation
of the Faculty have granted this diploma bearing the seal of the University
this seventeenth day of May, two thousand and eight.

Jack L. Fortner

President of the Regents

Carol J. Abix

Secretary of the Regents



Robert C. Frank

President of the University

Umarhi Abdallah

Provost of the University

Paul B. Bitt

Dean of the School

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Juneau

MAR 20 2015

Division of Corporations, Business
and Professional Licensing
03/16/2015

0043

 New Mexico Medical Board

New Mexico Medical Board
2055 S. Pacheco, Building 400
Santa Fe, NM 87505
505-476-7220 fax 505-476-7237
(toll free within New Mexico 800-945-5845)

General Information

Licensee	Dana Espindola	License Type	Resident		
Business address	MSC08 4770	License Number	RS2008-0426		
Business address	1 University of NM	License Status	Expired		
Business city state zip	Albuquerque NM 871310001	License Date	06/20/2008		
Business phone	505-730-7168	**License Expires 07/01/2013			
Medical School	Univ of New Mexico SOM				
Graduation Date	05/12/2008				

* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: www.abms.org to determine if the physician has earned a specialty certification from this private agency.

** A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

PUBLIC ACTIONS:None
(while licensed in New Mexico)

New Search

This Board's data has been searched 905886 times since 05/08/2001
Date information last updated. 03/13/15

Please read the AIM Disclaimer

©Copyright 1997-2013 [Nicholas Hayer](#)

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Juneau

MAR 20 2015

Division of Corporations, Business
and Professional Licensing

05/16/2017

0045

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
Phone (907) 465-2756
E-mail: Mary.sikes@alaska.gov

Dana D. Espindola

Date: 3/12/15

Your application for licensure to practice medicine and surgery in the State of Alaska has been received by the Alaska State Medical Board. To further process your application, the items checked below are needed.

- ☐ 1. Completed Application
- ☐ 2. Authorization to release records form.
- ☐ 3. Nonrefundable Application fee of \$200. We received \$ Please remit remaining fee of \$
- ☐ 4. The license fee is \$300. We received \$ Please remit remaining fee of \$
Please note the full fee may be submitted now or just \$75 which will cover the issuance of a temporary license. The remainder of the licensing fee may be submitted now or when the board approves your application.
- ☐ 5. Examination scores requested directly from: ☐ FLEX ☐ NBME ☐ USMLE
State of ☐ Puerto Rico ☐ LMCC ☐ NBOME ☐ NBPME
- ☒ 6. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign and seal) or original transcript sent directly from the medical school.
- ☒ 7. Certified true copy of graduate training program certificate(s) for postgraduate year(s)
Notary public must state "true copy of original," sign and seal certificate or provide original letter on letterhead sent directly from the program. If you graduated from medical school before January 1, 1995, you must verify completion of the first year of postgraduate training OR if you graduated from medical school on or after January 1, 1995, you must certify completion of the first two years of postgraduate training. Foreign-trained graduates must provide proof of the first three years of postgraduate training in the United States regardless of the year of graduation.
- ☐ 8. Verification of Medical/Osteopathic School Education.
- ☐ 9. Verification of Postgraduate Training for year(s) sent directly from program(s) attended.
- ☒ 10. Verification of license(s) in *New Mexico*
- ☐ 11. Hospital privileges information needed from
- ☒ 12. ☐ AMA Profile ☐ AOA Profile ☒ DEA Clearance ☐ Federation Clearance

Additional Comments: Please note that any discrepancies on your initial application may require additional review or action by the Board..

mary.sikes@alaska.gov

Mary Sikes , Licensing Examiner
Alaska State Medical Board



New Mexico Medical Board
2055 S. Pacheco Street, Bldg. 400
Santa Fe, New Mexico 87505
505-476-7220



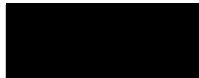
LICENSE VERIFICATION

March 18, 2015

This is to certify that the records of the New Mexico Medical Board indicate the following information regarding the below mentioned physician.

Name: Dana Espindola, M.D.

Date of Birth:



School Name

Graduation Date

Univ of New Mexico SOM

05/12/2008

Specialties

License #	Issue Date	Expiration Date	Status	License Type
MD2012-0549	06/29/2012	07/01/2015	Active	Medical Doctor
RS2008-0426	06/20/2008	07/01/2013	Expired	Resident

Our records indicate there is No Derogatory Information and the license is in good standing.

This license information was last updated on: 03/02/2015

Lynn S. Hart, Executive Director

Date: March 18, 2015

0047

Sikes, Mary R (CED)

From: no-reply@veridoc.org
Sent: Wednesday, March 18, 2015 9:59 AM
To: Hannasch, Dawn K (CED); Sikes, Mary R (CED)
Subject: License Verification Statement - Espindola, Dana (M.D.)
Attachments: v237456AA.pdf



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Espindola, Dana

Transaction ID: 237456

Confirmation Number: 11012151499596103636

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

[New Mexico Medical Board](#)

From: Sikes, Mary R (CED)
Sent: Wednesday, March 18, 2015 9:22 AM
To: 'Dana Espindola'
Subject: RE: Application Received

Thank you

From: Dana Espindola [REDACTED]
Sent: Wednesday, March 18, 2015 9:18 AM
To: Sikes, Mary R (CED)
Subject: Re: Application Received

Hello,

I do see that it is the wording that is the issue. I have already sent you new "certified true copies" of the documents as of yesterday and made sure the notary wrote the correct phrase. You should receive the envelope likely the end of this week. I also included the verification of residency license. Thank you.

Dana Espindola

Sent from my iPhone

On Mar 18, 2015, at 10:39 AM, Sikes, Mary R (CED)
<mary.sikes@alaska.gov> wrote:

Good Morning-

Attached are copies of the certificates provided with the instructions. Please take a look at these documents and the instructions.

The copy needs to be a "certified true copy of the original". Certification as a "true document" or "true copy" does not meet the requirements from 12 AAC.40.990.

Please take the original document to a Notary, have them make a copy, they or you need to write "certified true copy of the original" on the copy, and they need to notarize it, seal, date and signature. Then you need to send it to the Board.

12 AAC 40.990. DEFINITIONS

(3) "certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document.

I will call you at [REDACTED] in about a half an hour.

If this phone number is incorrect, I need you to send the correct number by email.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.
**US mail can take a minimum of 10 business days to reach my desk
***If you are using a third party vendor to process your application, please be aware that you are COMPLETELY RESPONSIBLE for ALL information that is issued on your behalf*

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(907) 465-2974 fax
<image002.jpg>
ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

From: Sikes, Mary R (CED)
Sent: Monday, March 16, 2015 3:56 PM
To: 'Dana Espindola'
Subject: RE: Application Received

Good Afternoon,
I will scan and email the documents to you later this week when I have a moment. I am on a project this afternoon and extremely busy. After I email your documents to you I will give you a call.

Mary R. Sikes

**Please be aware that the application process can take up to 12 weeks or longer in certain instances.
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***If you are using a third party vendor to process your application, please be aware that you are*

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(907) 465-2756
(907) 465-2974 fax
<image003.jpg>
ProfessionalLicense.Alaska.Gov/StateMedicalBoard
State of Alaska Medical Board

From: Dana Espindola [REDACTED]
Sent: Monday, March 16, 2015 3:33 PM
To: Sikes, Mary R (CED)
Subject: Re: Application Received

Hello,

I did exactly as you listed, I took the original documents and the copy of the document and had the notary review both and then sign and notarize the copy. The application states the copies should say "I certify this to be a true copy of the original document." I'm not sure if the exact wording matters. I can do this again, however I'm not sure what I should do differently. I'm sorry, could we speak over the phone to clear this up?

I did not attach the verification of the residency license but I can if this would satisfy this requirement.

Thanks,

Dana
Sent from my iPhone

On Mar 16, 2015, at 5:22 PM, Sikes, Mary R (CED)
<mary.sikes@alaska.gov> wrote:

Good Day,
I took another look at the certificates. In order to be a certified true copy the notary must state "certified true copy of the original".

Please take the original document to a Notary, have them make a copy, they or you need to write "certified true copy of the original" on the copy, and they

need to notarize it, seal, date and signature. Then you need to send it to the Board.

12 AAC 40.990. DEFINITIONS

(3) "certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document.

The certificates provided appear to be certified copies of a copy.

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Have a great day

Mary R. Sikes

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Medical Licensing Examiner (A-K)

mary.sikes@alaska.gov

State of Alaska Medical Board
Corporations, Business and Professional
Licensing

P.O. Box 110806

Juneau AK 99811-0806

(907) 465-2756

(907) 465-2974 fax

<image001.jpg>

ProfessionalLicense.Alaska.Gov/StateMedicalBoard

State of Alaska Medical Board

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Wednesday, March 18, 2015 9:22 AM
To: 'Dana Espindola'
Subject: RE: Application Received

Thank you

From: Dana Espindola [REDACTED]
Sent: Wednesday, March 18, 2015 9:18 AM
To: Sikes, Mary R (CED)
Subject: Re: Application Received

Hello,

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State of Alaska Medical Board

From: Sikes, Mary R (CED)

Sent: Monday, March 16, 2015 3:56 PM

To: 'Dana Espindola'

Subject: RE: Application Received

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State of Alaska Medical Board

From: Dana Espindola [REDACTED]

Sent: Monday, March 16, 2015 3:33 PM

To: Sikes, Mary R (CED)

Subject: Re: Application Received

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Sent: Monday, March 16, 2015 3:03 PM
To: Hannasch, Dawn K (CED)
Subject: Fwd: Application Received

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I can print out verification of my residency medical license from the New Mexico medical board website and email a scanned copy. Is this sufficient?

Again, thank you for your time and I would greatly appreciate your assistance.

Dana Espindola

Sent from my iPhone

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From: "Sikes, Mary R (CED)" <mary.sikes@alaska.gov>
Date: March 13, 2015 at 11:25:35 AM MDT
To: [REDACTED]
Subject: RE: Application Received

Dr. Espindola,

Your application for licensure to practice medicine in the State of Alaska has been received by the Alaska State Medical Board. I have reviewed your application and will still need the following items to be able to complete my examination:

- **Medical School Diploma** (please have a Notary place the statement "certified True Copy of the Original" sign and seal the document)
- **Postgraduate Certificate from 1991-1994** (please have a Notary place the statement "certified True Copy of the Original" sign and seal the document)
- **Verification of Resident license from New Mexico**
- **DEA Clearance report**

If you have already ordered/requested these items from the correct Facility, there is no need to let me know that. I will contact you each month with an update and also let you know when your file is complete. Thank you.

I am also sending this list via US mail.

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If there are "yes" answers on the application, the standard review period does not apply.

While an application is in review, there is NO status update from the Executive or myself. Either an Applicant will be contacted by the Executive for more information or by me if an approval has been issued. If a permit is approved, it will be issued and the Applicant notified by mail and email.

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If approved for a temporary permit, your file will be presented to the Medical Board for consideration at its next regularly scheduled meeting. The Board will review your application and all associated documents. Upon the recommendation of the Medical Board, and assuming all fees have been paid, a permanent license may be issued within 10 business days of the Board meeting.

For your information, please find attached a copy of the Board guidelines regarding Telemedicine.

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

Please note that any discrepancies on your initial application may require additional review or action by the Board.

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<http://commerce.alaska.gov/cbpl/pl>

<image002.jpg>

State of Alaska Medical Board

From: Sikes, Mary R (CED)
Sent: Thursday, January 15, 2015 2:45 PM
To: [REDACTED]
Subject: Application Received

Good day!

I wanted to inform you that I have received your application for a medical license in the State of Alaska. I will do my initial review (inform you of any items missing, needing corrections or any questions that I have about the information that you have provided) within 20-25 business days of this email.

Here is how our process works:

- The application processing time can take up to 12 weeks
- If there are ANY "yes" answers on the application, that time frame DOES NOT APPLY

- Once I receive approval from the Executive, I will issue a Resident permit
- Please understand that this is the typical process, but depending upon the contents of your application file, the Board has the discretion to require other documents and/or a full Board interview

You can expect contact from me if:

1. There is an issue with information that I have received
2. Your file has one last item needed to be completed
3. Your file is completed and headed to Anchorage for review
4. I have received approval and have issued your temp license

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Mary R. Sikes

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<Telemed guidelines.pdf>

<DEA Request 1-31-14.pdf>

<Dr. Espindola.pdf>

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Wednesday, March 18, 2015 8:40 AM
To: 'Dana Espindola'
Subject: RE: Application Received
Attachments: Dr. Espindola.pdf

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ProfessionalLicense.Alaska.Gov/StateMedicalBoard

3/18/15 @ 9:05 am
called slvm
Please see my
email. If you have
further questions, please
respond to my email



ProfessionalLicense.Alaska.Gov/StateMedicalBoard
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Sent: Wednesday, March 18, 2015 9:22 AM
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<image002.jpg>

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State of Alaska Medical Board

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To: Hannasch, Dawn K (CED)

Subject: Fwd: Application Received

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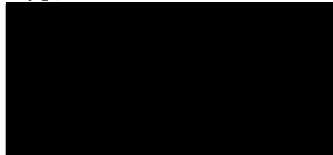
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The Board will review your application and all associated documents. Upon the recommendation of the Medical Board, and assuming all fees have been paid, a permanent license may be issued within 10 business days of the Board meeting.

For your information, please find attached a copy of the Board guidelines regarding Telemedicine.

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

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Mary R. Sikes

**Please be aware
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in certain instances.*

***US mail can take a
minimum of 10
business days to
reach my desk*

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third party vendor to
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application, please be
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COMPLETELY
RESPONSIBLE for
ALL information that
is issued on your
behalf*

Medical Licensing
Examiner (A-K)
[mary.sikes@alaska](mailto:mary.sikes@alaska.gov)
[a.gov](http://commerce.alaska.gov)
State of Alaska
Medical Board
Corporations, Business
and Professional Licensing
P.O. Box 110806
Juneau AK 99811-
0806
(907) 465-2756
(907) 465-2974 fax
[http://commerce.alaska](http://commerce.alaska.gov/cbpl/pl)
[a.gov/cbpl/pl](http://commerce.alaska.gov/cbpl/pl)

<image002.jpg>

State of Alaska
Medical Board

From: Sikes, Mary R
(CED)
Sent: Thursday,
January 15, 2015 2:45
PM
To:



Subject: Application
Received

Good day!

I wanted to inform you that I have received your application for a medical license in the State of Alaska. I will do my initial review (inform you of any items missing, needing corrections or any questions that I have about the information that you have provided) within 20-25 business days of this email.

Here is how our process works:

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- Once I receive approval from the Executive,

- I will issue a Resident permit
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[a.gov/cbpl/pl](http://commerce.alaska.gov/cbpl/pl)

State of Alaska
Medical Board

<Telemed guidelines.pdf>

<DEA Request 1-31-14.pdf>

<Dr. Espindola.pdf>

<Scanned from Commerce Xerox multifunction device.pdf>



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806
Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: medicalboard@alaska.gov

MED

For Office Use Only

LIST OF HOSPITALS WHERE PRIVILEGED

Instructions to the Applicant:

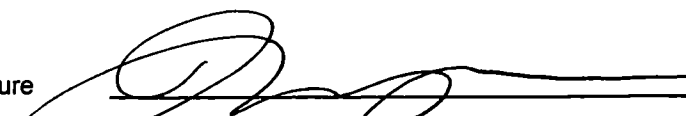
Type or print legibly. List below all hospitals where you currently hold or have held privileges in the last five years. If you have not held privileges within the past five years or never held privileges, please write "None" on this form, sign it, and submit this form as part of your application. Please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

HOSPITAL	MAILING ADDRESS	WHEN PRIVILEGED (MM/YYYY)	
		From	To
1 Lovelace Women's Hospital	4701 Montgomery Blvd NE Albuquerque, NM 87109	07/2012	Current
2 Lovelace Westside Hospital	10501 Golf Course Rd NW Albuquerque, NM 87114	07/2012	Current
3 Presbyterian Hospital	1100 Central Ave SE Albuquerque, NM 87106	04/2013	Current
4 University of New Mexico	2211 Lomas Blvd NE Albuquerque, NM 87106	07/2008	07/2012
5		From	
		To	
6		From	
		To	
7		From	
		To	
8		From	
		To	

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

Signature

Date


1/2/13

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

RECEIVED
Juneau

JAN 14 2015

05/16/2017

Division of Corporations, Business
and Professional Licensing

0077



UNM HEALTH SCIENCES CENTER

School of Medicine

Department of Obstetrics and Gynecology

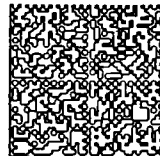
MSC10 5580

1 University of New Mexico

Albuquerque, NM 87131-0001

Residency Office

PRESORTED
FIRST CLASS



02 1R

0006560496

\$ 00.43⁵

JAN 13 2015

MAILED FROM ZIP CODE 87131

Alaska State Medical Board

Corporations, Business & Professional Licensing

P.O. Box 110806

333 Willoughby Avenue, 9th Floor

Juneau, AK 99811-0806

05/16/2017

25 LRBBN51 99801



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124036



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue - Ninth Floor)
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Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: medicalboard@alaska.gov

MED

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VERIFICATION OF STATUS OF DEA REGISTRATION

Instructions to the Applicant: Type or print legibly. Please complete Part I below and mail to the DEA.

PART I

Full Name (Last, First, Middle) Espindola, Dana Dorothy	Maiden or Other Names Used: Schwartz	Date of Birth (MM/DD/YYYY) [REDACTED]
Mailing Address [REDACTED]		City [REDACTED] State [REDACTED] Zip [REDACTED]
Address Where DEA Registered 7817 Louisiana Blvd NE Unit 1603 Albuquerque, NM 87109		DEA Registration No. FE 3354040
Signature of Applicant 		Date of Signature 3/14/15

MAIL THIS REQUEST FORM TO: Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

FOR DEA USE ONLY

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

MAR 17 2015

PART II

- Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied? ☒ No ☐ Yes
- Is any such investigation pending? ☒ No ☐ Yes *ph*

DEA Comments: _____

end

Sikes, Mary R (CED)

From: Heisler, Pandora L. <Pandora.L.Heisler@usdoj.gov>
Sent: Tuesday, March 17, 2015 12:55 PM
To: Sikes, Mary R (CED)
Subject: Emailing: 3-17 AK
Attachments: 3-17 AK.pdf

Pandora Heisler
Registration Program Specialist
DEA Diversion
300 5th Ave
Seattle WA 98104

Office/206-553-0923
Fax/206-553-7757
Toll Free/888-219-1418 (ask for Pandora) Email/ [Pandora.l.heisler@usdoj.gov](mailto: Pandora.l.heisler@usdoj.gov) Website/
www.deadiversion.usdoj.gov

Your message is ready to be sent with the following file or link attachments:

3-17 AK

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

From: "Sikes, Mary R (CED)" <mary.sikes@alaska.gov>

Date: March 13, 2015 at 11:25:35 AM MDT

To: [REDACTED]

Subject: RE: Application Received

Dr. Espindola,

Your application for licensure to practice medicine in the State of Alaska has been received by the Alaska State Medical Board. I have reviewed your application and will still need the following items to be able to complete my examination:

- **Medical School Diploma** (please have a Notary place the statement "certified True Copy of the Original" sign and seal the document)
- **Postgraduate Certificate from 1991-1994** (please have a Notary place the statement "certified True Copy of the Original" sign and seal the document)
- **Verification of Resident license from New Mexico**
- **DEA Clearance report**

If you have already ordered/requested these items from the correct Facility, there is no need to let me know that. I will contact you each month with an update and also let you know when your file is complete. Thank you.

I am also sending this list via US mail.

*******After I receive all of the documents, this is the next step in the process:**

Your application file will go to the medical Boards Executive Administrator for the next step in the process. This may take up to 20-25 business days.

If there are "yes" answers on the application, the standard review period does not apply.

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We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

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Mary R. Sikes

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***US mail can take a minimum of 10 business days to reach my desk*

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Medical Licensing Examiner (A-K)
mary.sikes@alaska.gov
State of Alaska Medical Board
Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806
(907) 465-2756
(907) 465-2974 fax
<http://commerce.alaska.gov/cbpl/pl>

<image002.jpg>

State of Alaska Medical Board

From: Sikes, Mary R (CED)
Sent: Thursday, January 15, 2015 2:45 PM
To: [REDACTED]
Subject: Application Received

Good day!

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State of Alaska Medical Board

<Telemed guidelines.pdf>

<DEA Request 1-31-14.pdf>

<Dr. Espindola.pdf>

Sikes, Mary R (CED)

From: Sikes, Mary R (CED)
Sent: Friday, March 13, 2015 9:26 AM
To: [REDACTED]
Subject: RE: Application Received
Attachments: Telemed guidelines.pdf; DEA Request 1-31-14.pdf

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State of Alaska Medical Board

From: Sikes, Mary R (CED)

Sent: Thursday, January 15, 2015 2:45 PM

To: [REDACTED]

Subject: Application Received

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State of Alaska Medical Board

Alaska State Medical Board
Board Issued Guidelines

Board Issued Guidelines		Section 6
Subject:	<i>Telemedicine</i>	
Implemented:	January 20-21, 2011	
Revised:	May 17-18, 2012; November 6-7, 2014	

In order to provide care for a patient in the State of Alaska (including reading and interpreting films, samples, or images, or otherwise diagnosing, treating, or rendering an opinion), a physician must hold a current, active license issued by the Alaska State Medical Board. This requirement also applies to second opinions if the physician is charging a fee for providing the opinion. The only exception is for a “curbside” opinion given as a courtesy to a colleague (a licensed physician) for which there is no charge.

There are two types of “telemedicine” practice allowed in the State of Alaska:

- 1) The long-standing Board-sanctioned practice by a physician who is not physically present with the patient when:
 - there is an established physician-patient relationship based on an in-person physician exam; or
 - there is an appropriate (licensed) health care provider on the other side of the transaction (with the patient) to assist the physician with their examination and diagnosis processes; or
 - the physician is providing on-call or cross-coverage emergency care and the physician has access to the patient records; or
 - the physician is caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physician examination; or
 - the physician is a radiologist or pathologist and is only reading or interpreting films or samples.

This type of practice does not require the physician to be located in the State of Alaska, but does require the physician to practice in accordance with all relevant laws and practice standards.

- 2) The practice of telemedicine authorized under Alaska Statute (AS) 08.64.364 (effective November 28, 2014) by a physician prescribing, dispensing, or administering a prescription drug without first conducted an in-person physical examination of the patient, if:
 - the prescription drug is not a controlled substance;
 - the physician is located in the State of Alaska and a licensed health care provider is

-continued on next page-

Alaska State Medical Board Board Issued Guidelines

-continued from previous page-

- available to provide follow-up care; and
- the patient consents to sending, and the physician sends, a copy of the records to the patient's primary care provider.

This type of practice does require the physician to be located in the State of Alaska, and does require the physician to practice in accordance with all relevant laws and practice standards, including compliance with

- the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014); and
- the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014).

In addition, the Board is in the process of adopting regulations that include the following practices to be considered unprofessional conduct under state law (12 AAC 40.967):

(27) providing treatment, rendering a diagnosis, or prescribing medications without first conducting an in-person physical examination, or based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format, except for

(A) providing care to a person when the licensee has a patient-physician or patient-physician assistant relationship with the person;

(B) providing on-call or cross-coverage emergency care when the physician has access to the patient records;

(C) reading or interpreting of films or samples by a radiologist or pathologist; or

(D) caring for a patient in a community where there is no physician, physician assistant, nurse practitioner, nurse, or community health aid, to conduct a physical examination.

(29) prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

(A) for use in emergency treatment;

(B) for expedited partner therapy for sexually transmitted diseases; or

(C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism; or

(D) by a physician practicing telemedicine under AS 08.64.364, as long as the physician complies with the American Medical Association (AMA) guiding principles for telemedicine practice (adopted June 2014), and the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014), adopted by reference.

3-12-15-MRS

PRACTITIONER PROFILE

Prepared for:

Alaska State Medical Board

As of Date: 3/12/2015

PRACTITIONER INFORMATION

Name: Dana Dorothy Espindola
Alternate Name(s): Dana Dorothy Schwartz
DOB: [REDACTED]
Medical School: University of New Mexico School of Medicine
Albuquerque, New Mexico, UNITED STATES
Year of Grad: 2008
Degree Type: MD
NPI: 1396918850

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW MEXICO	RS2008-0426	6/20/2008	7/1/2013	3/6/2015
NEW MEXICO	MD2012-0549	6/29/2012	7/1/2015	3/6/2015

400 FULLER WISER ROAD EULESS, TX 76039 | TEL (817) 868 4000 | FAX (817) 868 4099

PRACTITIONER PROFILE

Prepared for: Alaska State Medical Board As of Date: 3/12/2015
Practitioner Name: Dana Dorothy Espindola

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	11/07/2014	12/31/2015		Initial	2/26/2015

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400 FULLER WISER ROAD EULESS, TX 76039 | TEL (817) 868 4000 | FAX (817) 868 4099

Sikes, Mary R (CED)

From: Dana Espindola [REDACTED]
Sent: Monday, February 09, 2015 8:06 AM
To: Sikes, Mary R (CED)
Cc: [REDACTED]
Subject: Re: Dana Espindola, MD

Hello,

I grant permission for [REDACTED] to work on my licensing process. Thank you.

Dana Espindola

Sent from my iPhone

On Feb 9, 2015, at 9:53 AM, [REDACTED] wrote:

Good Morning Dr. Espindola,

I received this back from the State Medical Board. Could you send an e-mail to Mary Sikes granting permission for me to work with Board in the licensing process?

Thanks,



<image003.jpg>

www.anchoragewomensclinic.com

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: Sikes, Mary R (CED) [<mailto:mary.sikes@alaska.gov>]
Sent: Friday, February 06, 2015 12:50 PM
To: [REDACTED]
Subject: RE: Dana Espindola, MD

Good Day,

Applications are worked in date order received. Currently we are working on new applications received at the end of November.

If the Dr. wishes for you to work with the Board in the licensing process, I need an email from the Dr. granting this permission.

The Dr. should be aware that she is completely responsible for all information provided for her application.

Mary R. Sikes

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Medical Licensing Examiner (A-K)

mary.sikes@alaska.gov

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Juneau AK 99811-0806

(907) 465-2756

(907) 465-2974 fax

<http://commerce.alaska.gov/cbpl/pl>

<image002.jpg>

State of Alaska Medical Board

From: [REDACTED]

Sent: Friday, February 06, 2015 10:56 AM

To: Sikes, Mary R (CED)

Subject: Dana Espindola, MD

Hi Ms. Sikes,

I work with [REDACTED] and am working with Dana Espindola, MD to get her Alaska State Medical license (and other items required for her relocation to Anchorage). I wanted to touch base with you see if I could get a status update and see if there is anything I could assist with?

Thank you for your assistance,

[REDACTED]

<image003.jpg>

[REDACTED]

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.



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330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

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ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
 Division of Corporations, Business, and Professional Licensing
 (335 W. Doughty Avenue - Ninth Floor)
 Post Office Box 110806
 Juneau AK 99811-0806
 A - K: 907/485-2758 1 - 7: 907/485-2541
 E-mail: medicalboard@alaska.gov

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JUNEAU****JAN 20 2015**Division of Corporations, Business
and Professional Licensing*no & S*

VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle) <u>Espindola, Dana, Dorothy</u>	Maiden or Other Names Used: <u>Schwartz</u>	Date of Birth (MM/DD/YYYY) <u>[REDACTED]</u>
Mailing Address <u>[REDACTED]</u>		
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>
Zip <u>[REDACTED]</u>		
Signature of Applicant <u>[Signature]</u>		Date of Signature <u>1/6/15</u>
Name of Hospital <u>Presbyterian Hospital</u>		
Mailing Address <u>100 Central Ave SE</u>		
City/State/Zip <u>Albuquerque, NM 87106</u>		

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY**PART II**

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

- Dates of Hospital Privileges: From 04.22.2013 To 04.22.2015
- Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- Have there ever been limitations or restrictions on this physician's privileges? ☒ No ☐ Yes
- Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below.

Signature Michelle DeWalt
 Original signature only, signature stamps are not accepted.

Printed Name Michelle DeWalt

Title MSA Administrator

Date Jan. 09th, 2015

Telephone 505.222.2143



Presbyterian Healthcare Services
P.O. Box 26666
Albuquerque, NM 87125-6666
www.phs.org

January 9, 2015

Alaska State Medical Board
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue- Ninth Floor
Post Office Box 110806
Juneau, AK, 99811-0806

Re: Dana Espindola, MD

This letter acknowledges the receipt of your:

- Request for verification of standing, and privileges for Dana Espindola, MD

By requesting verification, the requester acknowledges that an appropriate release from Dana Espindola, MD is on file, and is available to be sent to Presbyterian Healthcare Services upon request.

PLEASE NOTE that this letter serves as verification for this practitioner's affiliation with any of Presbyterian Healthcare Services hospitals. The information regarding the practitioner displayed below is current as of the most current appointment/reappointment date:

Presbyterian Hospital/Kaseman/Rust Medical Center (Albuquerque)

Specialty	Staff Status	Original Appt.	Last Reappt.	Reappt End/ Term Date	Status*	Category
Obstetrics and Gynecology	Current Staff	4/22/2013	4/22/2013	4/22/2015	Meets Requirements	Affiliate

***Meets requirements** indicates that the practitioner's privileges at the identified facility are in good standing, has never been revoked, suspended, or diminished and that the practitioner has no known issues with substance abuse. Suspensions a provider may have incurred for infractions of medical records completion deadlines are not included in the reported status.

PLEASE NOTE: Medical Staff Affairs Offices are not able to provide on-going professional practice evaluation (OPPE) or focused professional practice evaluation (FPPE) data and will not be able to respond to such requests.

If you need to request a case log, please contact Kelly Godinez at Kgodinez@phs.org. If you have any questions about the verification information provided, you may address them to the appropriate Medical Staff Affairs Office(s) for the specific hospital(s) where this practitioner holds/held privileges:

Dr. Dan C. Trigg Memorial Hospital	Espanola Hospital	Lincoln County Medical Center
301 E. Miel De Luna	1010 Spruce Street	211 Sudderth Drive
Tucumcari, NM 88401	Espanola, NM 87532	Ruidoso, NM 88345
(575) 461-7074	(505) 367-0353	(575) 630-4230
(575) 461-7054 Fax	(505) 367-0451 Fax	(575) 630-4237 Fax

Plains Regional Medical Center	Presbyterian Hospital/Kaseman/Rust Medical Center
2100 N. Martin Luther King Jr. Blvd.	1100 Central Avenue SE
Clovis, NM 88101	Albuquerque, NM 87106
(575) 769-7152	(505) 841-1430
(575) 769-7147 Fax	(505) 841-1956 Fax

Socorro General Hospital
1202 Highway 60 West
P.O. Box 1009
Socorro, NM 87801
(575) 835-8305
(575) 835-8703 Fax

Original Review/Approval Date: September 17, 2012
Revised Date: September 2, 2014

*Please be advised that Presbyterian does not utilize a company seal. Please accept this letter as proof of verification.

**Michelle
DeWalt**

Digitally signed by Michelle DeWalt
DN: cn=Michelle DeWalt,
o=Presbyterian Healthcare Services,
ou=Medical Staff Affairs,
email=mdewalt@phs.org, c=US
Date: 2015.01.09 11:45:45 -0700

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E-mail: medicalboard@alaska.gov

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VERIFICATION OF POSTGRADUATE TRAINING

Instructions to the Applicant:

Type or print legibly. Complete Part I below and send to the postgraduate training program(s) you attended.
NOTE: At least two years of postgraduate training must be verified if the physician graduated from medical school on or after January 1, 1996. Three years of postgraduate training must be verified for international medical school graduates.

PART I

Full Name (Last, First, Middle): <u>Espindola, Dana, Dorothy</u>		Maiden or Other Names Used: <u>Schwartz</u>	Date of Birth (MM/DD/YYYY): [REDACTED]
Working Address: [REDACTED]		City: [REDACTED]	State: [REDACTED] Zip: [REDACTED]
Medical/Osteopathic School Name and Location: <u>University of New Mexico Albuquerque, NM</u>		Yr of Graduation: <u>2008</u>	A.M.G. / ECFMG No.: [REDACTED]
Signature of Applicant: [Signature]		Date: <u>1/3/15</u>	

NAME OF POSTGRADUATE PROGRAM: University of New Mexico OB/GYN
ADDRESS: MSC 10-5580 1 University of New Mexico
Albuquerque, NM 87131

FOLLOWING TO BE COMPLETED BY POST-GRADUATE PROGRAM STAFF ONLY

PART II

Post-graduate Training Program: Please complete the information requested below and return this document directly to the Alaska board at the forward address.

VERIFICATION FOR:

PG-Yr 1 ☒ PG-Yr 2 ☒ PG-Yr 3 ☒ PG-Yr 4 ☒ PG-Yr 5 ☐ PG-Yr 6 ☐

Exact Dates of Training

06/20/2008 - 07/20/2012

1. At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association?
☐ No ☒ Yes (please circle the accrediting agency above)

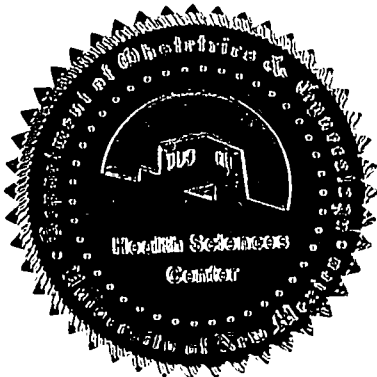
2. During the physician's participation in your program, was he/she ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.
☒ No ☐ Yes

3. Is there anything in this physician's postgraduate training records that would indicate he/she would be unable to practice medicine competently and safely? If "Yes", please attach a detailed explanation.
☒ No ☐ Yes

Signature:
MEGGAN ZSEMELYE, MD
Printed Name:

Date:
1/8/15
Title:
Residency Program Director

Post-Graduate Training Verification





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(333 Willoughby Avenue - Ninth Floor)
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VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle) <u>Ernesto, Dana, Dora</u>		Maiden or Other Names Used <u>Schwartz</u>		Date of Birth (MM/DD/YYYY) <u>[REDACTED]</u>
Mailing Address <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip <u>[REDACTED]</u>
Signature of Applicant <u>[Signature]</u>		Date of Signature <u>1/7/15</u>		
Name of Hospital <u>Lowell Lakeside Hospital</u>				
Mailing Address <u>10401 Golf Course Rd NW</u>				
City/State/Zip <u>Albuquerque NM 87114</u>				

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY

PART II

Instructions to the Hospital:

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

1	Dates of Hospital Privileges: From <u>8/2012</u> To <u>Present</u>
2	Has your hospital ever taken any disciplinary action against this physician? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3	Have there ever been limitations or restrictions on this physician's privileges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4	Are any disciplinary actions pending against this physician? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
5	Is there any derogatory information on file regarding this physician? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
6	Is there any reason you would not readmit this physician to your medical staff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below.

Signature [Signature]
Original signature only, signature stamps are not accepted

Printed Name Hazel Montoya

Title MSC

Date 1-13-15

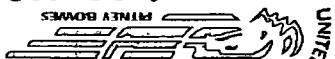
Telephone 505-727-2367

10501, Golf Corse Rd NW
Albuquerque, NM 87114

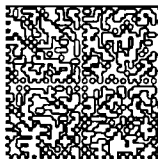
Lovelace

Westside Hospital

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E-mail: medicalboard@alaska.gov

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VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle)	Maiden or Other Names Used	Date of Birth (MM/DD/YYYY)
Esquivel, Dora, Dorothy	Schwerdt	
Mailing Address	City	State Zip
		27122
Signature of Applicant		Date of Signature
		1/7/15

Name of Hospital

Mailing Address

City/State/Zip

Lovelace Women's Hospital
4701 Montgomery Blvd NE
Albuquerque, NM 87109

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY

PART II

Instructions to the Hospital

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

- 1 Dates of Hospital Privileges: From 8/28/2012 To present
- 2 Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- 3 Have there ever been limitations or restrictions on this physician's privileges? ☒ No ☐ Yes
- 4 Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- 5 Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- 6 Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below.

Signature

Printed Name

Lovelace
Women's Hospital

Bill Minnich
Medical Staff Coordinator
4701 Montgomery Blvd NE
Albuquerque, NM 87109

Date

1/13/2015

Hospital Verification



ALASKA STATE MEDICAL BOARD

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VERIFICATION OF STATUS OF DEA REGISTRATION

Instructions to the Applicant: Type or print legibly. Please complete Part I below and mail to the DEA.

PART I

Full Name (Last, First, Middle) <i>Espindola, Dana, Dorothy</i>	Maiden or Other Names Used: <i>Schwartz</i>	Date of Birth (MM/DD/YYYY) [REDACTED]
Mailing Address [REDACTED]		
City [REDACTED] State [REDACTED] Zip [REDACTED]		
Address Where DEA Registered <i>7817 Louisiana Blvd NE Unit 1603 Albuquerque, NM 87109</i>		DEA Registration No. <i>FE3354040</i>
Signature of Applicant <i>[Signature]</i>		Date of Signature <i>1/31/15</i>

MAIL THIS REQUEST FORM TO:

Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

FOR DEA USE ONLY

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

PART II

- Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied? ☒ No ☐ Yes
- Is any such investigation pending? ☒ No ☐ Yes

DEA Comments: _____

PSR

Sikes, Mary R (CED)

From: Reynolds, Rebecca L. <Rebecca.L.Reynolds@usdoj.gov>
Sent: Thursday, January 15, 2015 2:41 PM
To: Hannasch, Dawn K (CED)
Cc: Sikes, Mary R (CED)
Subject: Verifications for Messerschmidt and Espindola
Attachments: Espindola and Messerschmidt .pdf

Rebecca L. Reynolds

Registration Program Specialist
Seattle Field Division
DEA/Diversion
(206) 553-4040

Sikes, Mary R (CED)

From: Patredis, Miriam (CED) on behalf of Board, Medical (CED sponsored)
Sent: Wednesday, January 14, 2015 8:44 AM
To: Sikes, Mary R (CED)
Subject: FW:
Attachments: 20150113164441716.pdf

*Miriam Patredis
Office Assistant
Alaska State Medical Board*

From: Bill Minnich [<mailto:Bill.Minnich@lovelace.com>]
Sent: Wednesday, January 14, 2015 7:12 AM
To: Board, Medical (CED sponsored)
Subject:

Please see attached

*Bill Minnich
Medical Staff Coordinator
Lovelace Women's Hospital
4701 Montgomery Blvd NE
Albuquerque, NM 87109*

*(505) 727-7012
(505) 727-9294 (fax)*

DISCLAIMER: This communication, along with any documents, files or attachments, is intended only for the use of the addressee and may contain legally privileged and confidential information. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of any information contained in or attached to this communication is strictly prohibited. If you have received this message in error, please notify the sender immediately and destroy the original communication and its attachments without reading, printing or saving in any manner. Please consider the environment before printing this e-mail.



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Division of Corporations, Business
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APPLICATION FOR LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY

Nonrefundable Application Fee \$200
Permanent License Fee \$300
Total Due \$500

PART I PERSONAL IDENTIFICATION INFORMATION

(Type or Print Legibly)

1	Full Legal Name (Last, First, Middle)	Last Espindola	First Dana	Middle Dorothy
2	Other Names Used (Incl. Maiden Name)	Schwartz	Dana	Dorothy
3	Legal Name Changes (Provide copy of documents)			
4	Date of Birth	Mo Day Year [REDACTED]	Place of Birth (City, State/Country): Albuquerque, NM USA	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
5	Full Practice Address	Facility Name and Mailing Address (Include street address if using post office box) Albuquerque Health Partners 4010 Montgomery Blvd NE City Albuquerque State NM Zip Code 87109		
6	Full Residence Address	Mailing Address (Include street address if using post office box) → [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]		Duration at this address: Yrs: Mos: 2
7	Telephones	Area Code/Phone Work [REDACTED]	Area Code/Phone Home: [REDACTED]	
8	Preferred Address of Record (See Address of Record Information.)	<input type="checkbox"/> Use Practice Address Send my mail to this address.		<input checked="" type="checkbox"/> Use Residence Address Send my mail to this address.
9	E-Mail Address	[REDACTED] Do you wish to be included on an email emergency notification list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10	Professional Designation	Application Based on: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> Credentials (Licensed in other state) <input type="checkbox"/> Examination (Not licensed in other state)		
11	Previous License or Permit in ALASKA?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES → If YES, when and what type: Year: _____ <input type="checkbox"/> Resident <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Permanent License		

APPLICANT: As required by state law, please provide your United States Social Security Number in the space below. It is considered CONFIDENTIAL information and is not for public disclosure.

Applicant's Social Security Number [REDACTED]

12. Military Service

Have you ever been in the armed forces?

☐ Yes

☒ No

If YES, branch of service: _____

Date of commission: _____

Date and Type of Discharge: _____

Locations where you served: _____

PART II EDUCATION

13. Medical School Education

List the medical school(s) you attended and from which you graduated. If you attended more than one medical school, provide your reason for changing medical schools on a separate sheet of paper signed and dated by you.

SCHOOL	MAILING ADDRESS	(MM/YYYY)	Completed Yes/No
University of New Mexico Medical School	University of New Mexico	From 07/2003	
	Albuquerque, NM 87131	To 07/2008	Yes
		From	
		To	

13 a. If your medical school is an international one, is it listed on the Medical Board of California's List of Approved Schools? ☐ Yes ☐ No – If you check 'no', please call our office immediately.

14. Postgraduate Training

List internship, residency, or fellowship training programs chronologically.

Yr	HOSPITAL	MAILING ADDRESS	(MM/YYYY)	Completed Yes/No
1	University of New Mexico Hospital	2211 Lomas Blvd NE	From 06/2007	Yes
		Albuquerque, NM 87106	To 06/2012	
2			From	
			To	
3			From	
			To	
4			From	
			To	
5			From	
			To	
6			From	
			To	

15. Examination History

Please specify National Boards, FLEX, LMCC, USMLE, or a state written examination.

Exam Series	Location	Date Taken (MM-YYYY)	Result
USMLE 1	Albuquerque, NM		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
USMLE 2	Albuquerque, NM		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
USMLE 3	Albuquerque, NM		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Applicant Name: Dana Espindola

Date: 1/3/15

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Division of Corporations

05/16/2017

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16. **ECFMG Certification - International Graduates Only** Attach a certified true copy of your certificate to this application.

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

If Yes, ECFMG Certificate No.

Date Issued (MM/YYYY)

17. **Self-Designated Specialty**

If you are board certified, attach a certified true copy of board certificate.

Specialty/Subspecialty	Board Certified? Yes/No/Date	What Board?	Recertification Date
OBGYN	Yes 11/2014	ABOG	

PART III PROFESSIONAL ACTIVITIES

18. **Professional Licensure** Please list all states, territories, provinces, or foreign countries in which you hold or have ever held a license to practice medicine. Include temporary, courtesy, and locum tenens licenses, and instructional or training permits. **Failure to list all jurisdictions may result in disciplinary sanctions or denial.** If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

Physician Licenses

	Location (state, territory, etc.)	License Number	Date Issued	Current Status (Active, Lapsed, etc.)
1	New Mexico	MD2012-0549	6/29/12	Active
2				
3				
4				
5				

Residency Licenses, Instructional or Training Permits

	Location (state, territory, etc.)	License Number	Date Issued	Current Status (Active, Lapsed, etc.)
1				
2				
3				

19. **Other Professional Licensure:** Other than as a physician, have you ever been licensed in any jurisdiction in any other profession of the healing arts? ☒ No ☐ Yes

If Yes, please complete the following:

Profession (DDS, DC, RN, PA-C, DC, etc.)	Jurisdiction (State, territory, country, etc.)	Date Licensed	Was License Disciplined?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

If you have responded 'yes' to question 19, verifications of good standing for each license must be submitted for all other health care professions under which you have been licensed by those jurisdictions.

20. **Medical Societies and Professional Organizations**

Name of Organization	Address	Date From/To - YYYY
American College of OBGYN	PO Box 70620 Washington, DC	2008 - current

Applicant Name:

Dana Espindola

Date:

1/3/15

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Bureau

JAN 14 2015

Division of Corporations Business

21. Hospital Affiliations

Have you ever held hospital privileges?

☒ Yes

☐ No

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

HOSPITAL		MAILING ADDRESS		WHEN PRIVILEGED (MM/YYYY)	
1	Lovelace Women's Hospital	4701 Montgomery Blvd NE	From	07/2012	
		Albuquerque, NM 87109	To	current	
2	Lovelace Westside Hospital	10501 Golf Course Rd NW	From	07/2012	
		Albuquerque, NM 87114	To	current	
3	Presbyterian Hospital	1100 Central Ave SE	From	04/2013	
		Albuquerque, NM 87106	To	current	
4	University of New Mexico	2211 Lomas Blvd NE	From	07/2008	
		Albuquerque, NM 87106	To	07/2012	
5			From		
			To		
6			From		
			To		

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

22. Medical Work History

Please provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time. Please do not attach a CV; we require the use of this form. If necessary, continue to list on the work history form 08-4575, or use a separate sheet of paper labeled with your name and signed by you.

Please explain any gap in time from practice of more than sixty (60) days' duration.

Date (MM/YYYY)		Location (City, State, or Other Country)	Activity
Fr	07/2008	Albuquerque, NM	OB/GYN Residency
To	07/2012		Albuquerque, NM

Fr	07/2012	Albuquerque, NM	OB/GYN Practice: Albuquerque Health Partners
To	current		Albuquerque, NM

Fr			
To			

Fr			
To			

Continued on next page

Applicant Name: Dana Espindola	Date: 1/31/15
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Juneau

JAN 14 2015

Department of Corporations Business
Juneau, Alaska

Medical Work History continued:

Fr			
To			

Fr			
To			

Fr			
To			

Fr			
To			

Fr			
To			

Fr			
To			

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

23. Medical Malpractice History

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

☒ No

☐ Yes

If Yes, please list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims, even if no money was paid. For each case listed below, provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include a brief description regarding the nature of the case, the allegations, and your response to the allegations. *Letters from attorneys or insurance carriers may not be substituted for this required explanation.* Documentation includes a copy of the order for settlement, dismissal, or removal from the case, or other documentation to support your explanation. Please do not send all of the motions or filings for the case.

Case Number	Date of Case (Mo/Yr)	Jurisdiction (State, etc.)	Nature of Allegation	Amount of Settlement Paid on Your Behalf
1				
2				
3				
4				
5				

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

Applicant Name: <u>Dana Espindola</u>	Date: <u>1/3/15</u>
---------------------------------------	---------------------

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and Professional Regulation

SPECIAL INSTRUCTIONS FOR PARTS IV AND V

In responding to the questions in Parts IV and V below, please check the appropriate box next to each question. A "Yes" response to a question does not automatically result in a denial of license application. **For each "Yes" response to any question, you must provide an explanation and documentation.** Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. When in doubt about your response, disclose and provide the explanation requested. Please answer parts A and B of each question. Documentation includes copies of court orders, charging documents, board or license actions, etc.

CONFIDENTIALITY

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

PART IV DISCIPLINARY HISTORY

IMPORTANT! PLEASE READ BEFORE ANSWERING THE DISCIPLINARY HISTORY QUESTIONS

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Academic Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Counseling, Concern, Advice, Warning, Caution, Admonishment, Reprimand, etc. Please include non-reported disciplinary actions. Failure to disclose past history may be grounds for disciplinary sanctions.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN.

- 24a. ☒ No ☐ Yes Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?
- 24b. ☒ No ☐ Yes Is any such action pending?
- 25a. ☒ No ☐ Yes Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?
- 25b. ☒ No ☐ Yes Is any such action pending?
- 26a. ☒ No ☐ Yes Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?
- 26b. ☒ No ☐ Yes Is any such action pending?
- 27a. ☒ No ☐ Yes Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?
- 27b. ☒ No ☐ Yes Is any such action pending?

Continued on next page

Applicant Name:

Dana Espindola

Date:

1/31/15

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05/16/2017

0125

- 28a. ☒ No ☐ Yes Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges, or investigated a complaint or accusation regarding your practice (except for late medical records)?
- 28b. ☒ No ☐ Yes Is any such action pending?
- 29a. ☒ No ☐ Yes Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction, or termination?
- 29b. ☒ No ☐ Yes Is any such action pending?
- 30a. ☒ No ☐ Yes Have you ever been disciplined by a medical school or post-graduate training program? (Including Academic Probation) See Important information block on discipline on page 6.
- 30b. ☒ No ☐ Yes Is any such action pending?
- 31a. ☒ No ☐ Yes Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?
(If you are unsure about your response to this question, please refer to the instructions and definitions for this section on page 6 of this application above. When in doubt, disclose and explain.)
- 31b. ☒ No ☐ Yes Is any such action pending?
- 32a. ☒ No ☐ Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?
(If you are unsure about your response to this question, please refer to the instructions and definitions for this section on page 6 of this application above. When in doubt, disclose and explain.)
- 32b. ☒ No ☐ Yes Is any such action pending?
- 33a. ☒ No ☐ Yes Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?
- 33b. ☒ No ☐ Yes Is any such action pending?
- 34a. ☒ No ☐ Yes Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 34b. ☒ No ☐ Yes Is any such action pending?
- 35a. ☒ No ☐ Yes Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 35b. ☒ No ☐ Yes Is any such action pending?
- 36a. ☒ No ☐ Yes Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine?
- 36b. ☒ No ☐ Yes Is any such action pending?
- 37a. ☒ No ☐ Yes Has your employment by a clinic, hospital, or other health care organization ever been terminated involuntarily or voluntarily as a result of an actual or potential investigation or as grounds for disciplinary proceedings?
- 37b. ☒ No ☐ Yes Is any such action pending?

Applicant Name:

Dana Espindola

Date:

1/31/15

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Division of Corporations Business
Registration Unit

05/16/2017

0127

PLEASE READ THESE QUESTIONS CAREFULLY BEFORE YOU RESPOND.

If you respond 'yes' to any question, please attach a complete explanation to your application. Failure to disclose past history may be grounds for disciplinary sanctions.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN.

PART V PERSONAL HISTORY

Please refer to Special Instructions on page 4. For the purposes of the questions in this section, the following phrases or words are defined:

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

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

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

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

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

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

38. ☒ No ☐ Yes Has your ability to practice medicine in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?
39. ☒ No ☐ Yes Are you currently experiencing any medical condition or disorder that impairs your judgment or that otherwise affects your ability to practice medicine in a safe and competent manner?
40. ☒ No ☐ Yes Since completing your postgraduate training, have you ever been physically or mentally unable to practice medicine for a period of sixty (60) days or more?
41. ☒ No ☐ Yes Are you currently the subject of any civil investigation or court process relating to your ability to practice in a safe and competent manner?
42. ☒ No ☐ Yes Have you ever been diagnosed with, been treated for, or do you currently have voyeurism, pedophilia, exhibitionism, or any other sexual behavior disorder?
(Please note that "sexual behavior disorder" does not include sexual preference.)
43. ☒ No ☐ Yes Are you currently engaged in the illegal use of any drug, whether by ingestion, injection, inhalation, or any other method?
44. ☒ No ☐ Yes Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner?

Continued on next page

Applicant Name:

Dana Espindola

Date:

1/31/15

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Division of Corporations, Business
Professional Licensing

45. ☒ No ☐ Yes Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care?

46. ☐ No ☒ Yes Have you ever been diagnosed with, treated for, or do you currently have (check the appropriate condition):



47. ☒ No ☐ Yes Have you ever taken, or are you currently taking, any controlled substance for any of the disorders listed in question 46 above?

48. ☒ No ☐ Yes Have you ever been adjudicated or declared incompetent or been the subject of an incompetency proceeding?

If you have checked "Yes" to any of the questions above, please attach a detailed explanation.

PART VI SWORN 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, under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I am the lawful holder of the degree of Doctor of Medicine or Doctor of Osteopathy as prescribed by this application, and that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. I further certify that the photograph that appears below is a true likeness of myself taken within the past 60 days.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of credentials 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 have carefully read all the instructions in the application including the instructions under Part IV, Disciplinary History, on page 6.

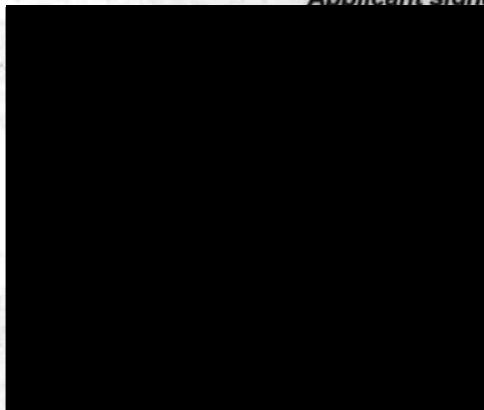
☒ Yes

Applicant Signature

Date

1/7/15

**You must sign and date this application in front of the notary public.
Applicant signature date and notary public date must be the same.**



SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of NEW MEXICO this 7th day of JANUARY, 2015.

Notary Signature

My commission expires:

5/14/17

OFFICIAL SEAL

Jake Franks
Notary Public

State of New Mexico

My Comm. Expires

5/14/17

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

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

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JAN 14 2015

JAN 14 2015

Division of Corporations, Business
and Professional Licensing

The University of New Mexico

has conferred upon

Dana Espindola

the degree of

Doctor of Medicine

and privileges appertaining to that degree,

Regents of the University upon recommendation

and this diploma bearing the seal of the University

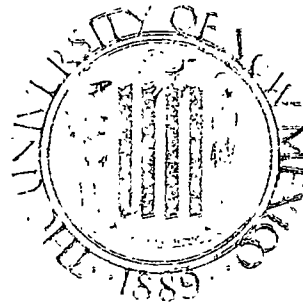
this day of May, two thousand and eight.

12 AAC 40.990. DEFINITIONS

(3)"certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document;

Directions:

Please take the original document to a Notary, have them make a copy, they or you need to write "certified true copy of the original" on the copy, and they need to notarize it, seal, date and signature. Then you need to send it to the Board
Thank you



Robert C. Frank

President of the University

Chouhri Abdallah

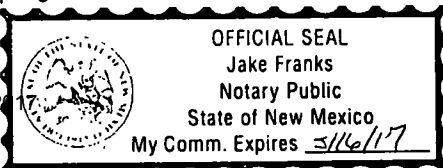
Provost of the University

Paul B. Bly

Dean of the School

I CERTIFY THIS TO BE A
TRUE COPY

05/16/2008



12 AAC 40.990. DEFINITIONS

(3) "certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document;

Directions:

Please take the original document to a Notary, have them make a copy, they or you need to write "certified true copy of the original" on the copy, and they need to notarize it, seal, date and signature. Then you need to send it to the Board

Thank you

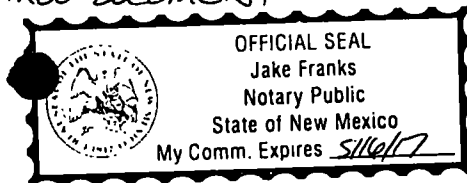
Certificate Awarded to

D. Espindola, MD

in recognition of successful completion
of the accredited program as

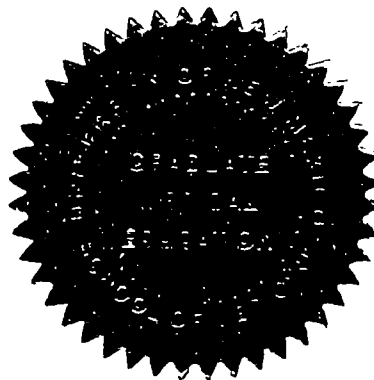
Resident in Obstetrics/Gynecology
June 2008 - July 2012

I CERTIFY THIS TO BE A
TRUE DOCUMENT





Associate Dean for Graduate
Medical Education





Program Director



Dean, School of Medicine

05/16/2017


Department Chair

0133

The University of New Mexico

has conferred upon

Dana Espindola

the degree of

Doctor of Medicine

with all the rights and privileges appertaining to that degree,

in testimony whereof the Regents of the University upon recommendation
of the Faculty have granted this diploma bearing the seal of the University
this seventeenth day of May, two thousand and eight.

Jack Z. Fortner

President of the Regents

Caro J. Smith

Secretary of the Regents



Robert G. Frank

President of the University

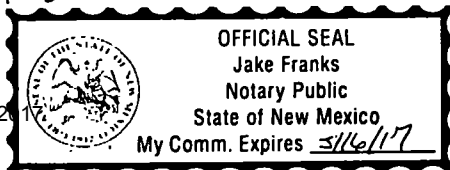
Chouhri Abdallah

Provost of the University

Paul B. Bate

Dean of the School

I CERTIFY THIS TO BE A
TRUE COPY



05/16/2017

0134

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and Professional Licensing

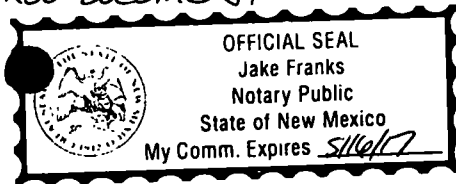



Certificate Awarded to
Dana D. Espindola, MD

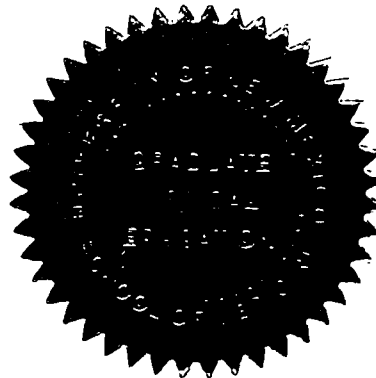
In recognition of successful completion
of the accredited program as


Resident in Obstetrics/Gynecology
June 2008 - July 2012


I CERTIFY THIS TO BE A
TRUE DOCUMENT




Associate Dean for Graduate
Medical Education




Program Director


Dean, School of Medicine
05/16/2017


Department Chair

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Division of Corporations, Business
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05/16/2017

0137

MARRIAGE LICENSE

245578

STATE OF
NEW MEXICO



COUNTY OF
BERNALILLO

To any person Authorized by law to perform the Marriage Ceremony

~ GREETING: ~

YOU ARE HEREBY AUTHORIZED TO JOIN IN MARRIAGE

John Espindola

of

Albuquerque, NM

and

Dana Schwartz

of

Albuquerque, NM

and of this License you will make due return to my office within the time prescribed by law.

WITNESS my hand and seal of said Court at Albuquerque, New Mexico

this 04th day of April 2005 at 12:39 P.M.

By

Michael J Sanchez

Deputy.

Mary Herrera

County Clerk.



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and Professional Licensing

05/16/2017

0139

Marriage Certificate

STATE OF
NEW MEXICO

COUNTY OF
BERNALILLO

I HEREBY CERTIFY that on the 16th day of April, 2005
at Albuquerque, New Mexico in said County and State, I, the undersigned, a

Roman Catholic Priest did join in the
(Official's Title)

Holy Bonds of Matrimony

in accordance with the Laws of the State of New Mexico, and the authorization of the foregoing License,

John Espindola of Albuquerque, New Mexico and

Dana Schwartz of Albuquerque, New Mexico

WITNESS my hand and seal the day and year last above written.

Witnesses:

Signed:

Richard P. Narcia
Genevieve C. Narcia

John Espindola
GROOM

Dana Schwartz Espindola
BRIDE

R. Richard Narcia
(OFFICIAL TITLE)

Recorded this 22nd day of April, 2005 at 10:34am

Marriage Record Book No. 389 Page 245578

By Clara Page

Deputy.

May Herrera

County Clerk.

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JAN 14 2015

Division of Corporations Business
and Professional Licensing



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue – Ninth Floor)
Post Office Box 110806
Juneau AK 99811-0806
A – K: 907/465-2756 L – Z: 907/465-2541
E-Mail: medicalboard@alaska.gov

MED

For Office Use Only

AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, Dana Espindola, residing at
[REDACTED] hereby authorize the Alaska

(Please print full address)

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

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

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

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

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

Signature of Applicant

Date

1/3/15

Home Phone Number

Work Phone Number

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Division of Corporations, Business
and Professional Licensing



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Wilking Avenue - Ninth Floor)
Post Office Box 110806
Juneau AK 99811-0806
A - K: 907/465-2768 L - Z: 907/465-2541
E-mail: medloalboard@alaska.gov

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 Division of Corporations, Business
and Professional Licensing

VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle) <u>Espinola, Dana, Dorothy</u>	Maiden or Other Names Used <u>Schwartz</u>	Date of Birth (MM/DD/YYYY) <u>[REDACTED]</u>
Mailing Address <u>[REDACTED]</u>		Zip <u>27122</u>
Signature of Applicant <u>[Signature]</u>		Date of Signature <u>1/7/15</u>
Name of Hospital <u>Lovelace Lamen's Hospital</u>		
Mailing Address <u>4701 Montgomery Blvd NE</u>		
City/State/Zip <u>Albuquerque, NM 87109</u>		

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY
PART II
Instructions to the Hospital:

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

- 1 Dates of Hospital Privileges: From 8/28/2012 To present
- 2 Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- 3 Have there ever been limitations or restrictions on this physician's privileges? ☒ No ☐ Yes
- 4 Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- 5 Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- 6 Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below.

Signature

[Signature]
 accepted.

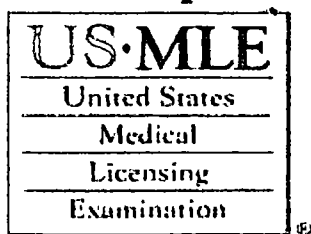
Printed Name

Date

1/13/2015
Lovelace
 Women's Hospital

 Bill Minnich
 Medical Staff Coordinator
 4701 Montgomery Blvd NE
 Albuquerque, NM 87109

Hospital Verification



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date : 01/06/2015

Recipient:

Alaska State Medical Board
ATTN: Licensing Examiner
DCCED
Division of Occupational Licensing
550 W Seventh Ave, Suite 1500
Anchorage, AK 99501

Examinee ID#: 5-158-463-9

Date of Birth: [REDACTED]

Examinee: Espindola, Dana Dorothy
Alt Name(s): Schwartz, Dana Dorothy

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only: two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
02/25/2005	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
02/24/2007	Pass	[REDACTED]	[REDACTED]	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
11/14/2007	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
NEW MEXICO	12/28/2009	Pass	[REDACTED]	[REDACTED]	

NOTE A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Examinee ID#: 5-158-463-9

Date of Birth: 02/20/1980

Examinee: Espindola, Dana Dorothy

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. **No score is reported.** Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

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

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

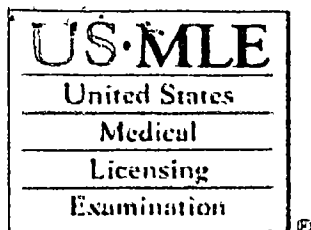
ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

4/2013



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4000

Date : 01/06/2015

Recipient:

Alaska State Medical Board
ATTN: Licensing Examiner
DCCED
Division of Occupational Licensing
550 W Seventh Ave, Suite 1500
Anchorage, AK 99501

Examinee ID#: 5-158-463-9

Date of Birth: [REDACTED]

Examinee: Espindola, Dana Dorothy
Alt Name(s): Schwartz, Dana Dorothy

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
02/25/2005	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
02/24/2007	Pass	[REDACTED]	[REDACTED]	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
11/14/2007	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
NEW MEXICO	12/28/2009	Pass	[REDACTED]	[REDACTED]	

NOTE A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Examinee ID#: 5-158-463-9

Date of Birth: 02/20/1980

Examinee: Espindola, Dana Dorothy

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. **No score is reported.** Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

4/2013



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806
Juneau AK 99811-0806
A - K: 907/465-2753 L - Z: 907/465-2541
E-mail: medicalboard@alaska.gov

MED

RECEIVED

Juneau

JAN 13 2015

Division of Corporations, Business
and Professional Licensing

VERIFICATION OF MEDICAL/ OSTEOPATHIC SCHOOL EDUCATION

Instructions to the Applicant:

Type or print legibly. Complete Part I below and send to the medical school from which you received your diploma.

PART I

Full Name (Last, First, Middle) <u>Espindola, Dana Dorothy</u>		Maiden or Other Name Used <u>Schwartz</u>	Date of Birth (MM/DD/YYYY) <u>[REDACTED]</u>
Medical Address <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip <u>[REDACTED]</u>
Signature of Applicant <u>[Signature]</u>		Date of Signature <u>1/3/15</u>	
Full Medical School Name <u>University of New Mexico Medical School</u>			
Location <u>Albuquerque, NM</u>			

FOLLOWING TO BE COMPLETED BY MEDICAL SCHOOL STAFF ONLY

PART II

Instructions to the Medical School: Please complete the information below and return this document directly to the Alaska Board at the following address.

Exact Date on School Diploma 05/17/2008

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

☒ No

☐ Yes

If you responded "Yes" to this question, please provide a detailed explanation of the action and the reason for the action on a separate sheet of paper attached to this form signed and dated by the person whose signature appears below

Signed

[Signature]
Original signature only, signature stamps are not accepted.

(SCAL: If Applicable)

Printed Name

Amanda Cornelius

Title

Academic Program Support Manager

Date

01/07/2015

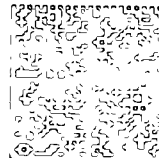
06-4105 (Rev. 10/2014)

School Verification

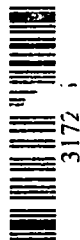


Office of Medical Student Affairs
MSC08 4700
1 University of New Mexico
Albuquerque, NM 87131-0001

PRE-SORTED
FIRST CLASS



02 1M \$00.436
0004274809 JAN08 2015
MAILED FROM ZIP CODE 87131



Alaska State Medical Board
P.O. Box 110806
Juneau, AK 99811-0806

05/16/2017

25 LRBBN51 99811



0150



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110808
Juneau AK 99811-0808
A - K: 907/485-2758 L - Z: 907/485-2541
E-mail: medicalboard@alaska.gov

MED

For Office Use Only

RECEIVED

Juneau

JAN 13 2015

Division of Corporations, Business
and Professional Licensing

VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
Espindola, Dana, Dorothy	Schwartz	
Mailing Address	City	State Zip
Signature of Applicant	Date of Signature	
	1/6/15	

Name of Hospital

Mailing Address

City/State/Zip

University of New Mexico
2311 Lomas Blvd NE
Albuquerque, NM 87131

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY

PART II

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

- 1 Dates of Hospital Privileges: From 7/1/1974 To 6/30/1975
- 2 Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- 3 Have there ever been limitations or restrictions on this physician's privileges? ☒ No ☐ Yes
- 4 Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- 5 Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- 6 Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below

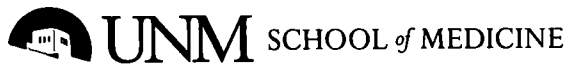
Signature
Original signature only, signature stamps are not accepted

Printed Name JOE SPARKMAN

Title PROGRAM DIRECTOR

Date 1/7/2015

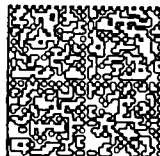
Telephone 505 272 6225



Graduate Medical Education
MSC11 6093
1 University of New Mexico
Albuquerque, NM 87131-0001

CELEBRATING
50 YEARS
1964 - 2014

PRESORTED
FIRST CLASS



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MAILED FROM ZIP CODE 87131

Alaska State Medical Board
Professional Licensing
(333 Willoughby Ave - Ninth Floor)
PO Box 110806
Juneau, AK 99811-0806

05/16/2017

25 LRBBMS1 99811



0152



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Wroughty Avenue - Ninth Floor)
Post Office Box 110800
Juneau AK 99811-0800
A - K: 907/485-2758 L - Z: 907/485-2541
E-mail: medicalboard@alaska.gov

MED

For Office Use Only

VERIFICATION OF HOSPITAL PRIVILEGES

Instructions to the Applicant:

Please complete Part I below. Forward a copy of this form to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency. Copy this form as needed. Please type or print legibly. Part II is to be completed by the hospital staff office.

PART I

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
Espindola, Dana, Dorothy	Schwartz	
Mailing Address	City	State Zip
[Redacted Address]		
Signature of Applicant	Date of Signature	
[Signature]	1/6/15	
Name of Hospital	Presbyterian Hospital	
Mailing Address	1101 Central Ave SE	
City/State/Zip	Albuquerque, NM 87106	

FOLLOWING TO BE COMPLETED BY HOSPITAL STAFF ONLY

PART II

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

- Dates of Hospital Privileges: From 04.22.2013 To 04.22.2015
- Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- Have there ever been limitations or restrictions on this physician's privileges? ☒ No ☐ Yes
- Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any question above, please attach a detailed explanation signed and dated by the person whose signature appears below.

Signature Michelle DeWalt
Original signature only, signature stamps are not accepted.

Printed Name Michelle DeWalt

Title MSA Administrator

Date Jan. 09th, 2015

Telephone 505.222.2143



Presbyterian Healthcare Services
P.O. Box 26666
Albuquerque, NM 87125-6666
www.phs.org

January 9, 2015

Alaska State Medical Board
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue- Ninth Floor
Post Office Box 110806
Juneau, AK, 99811-0806

Re: Dana Espindola, MD

This letter acknowledges the receipt of your:

- Request for verification of standing, and privileges for Dana Espindola, MD

By requesting verification, the requester acknowledges that an appropriate release from Dana Espindola, MD is on file, and is available to be sent to Presbyterian Healthcare Services upon request.

PLEASE NOTE that this letter serves as verification for this practitioner's affiliation with any of Presbyterian Healthcare Services hospitals. The information regarding the practitioner displayed below is current as of the most current appointment/reappointment date:

Presbyterian Hospital/Kaseman/Rust Medical Center (Albuquerque)

Specialty	Staff Status	Original Appt.	Last Reappt.	Reappt End/ Term Date	Status*	Category
Obstetrics and Gynecology	Current Staff	4/22/2013	4/22/2013	4/22/2015	Meets Requirements	Affiliate

***Meets requirements** indicates that the practitioner's privileges at the identified facility are in good standing, has never been revoked, suspended, or diminished and that the practitioner has no known issues with substance abuse. Suspensions a provider may have incurred for infractions of medical records completion deadlines are not included in the reported status.

PLEASE NOTE: Medical Staff Affairs Offices are not able to provide on-going professional practice evaluation (OPPE) or focused professional practice evaluation (FPPE) data and will not be able to respond to such requests.

If you need to request a case log, please contact Kelly Godinez at Kgodinez@phs.org. If you have any questions about the verification information provided, you may address them to the appropriate Medical Staff Affairs Office(s) for the specific hospital(s) where this practitioner holds/held privileges:

Dr. Dan C. Trigg Memorial Hospital	Espanola Hospital	Lincoln County Medical Center
301 E. Miel De Luna	1010 Spruce Street	211 Sudderth Drive
Tucumcari, NM 88401	Espanola, NM 87532	Ruidoso, NM 88345
(575) 461-7074	(505) 367-0353	(575) 630-4230
(575) 461-7054 Fax	(505) 367-0451 Fax	(575) 630-4237 Fax

Plains Regional Medical Center	Presbyterian Hospital/Kaseman/Rust Medical Center
2100 N. Martin Luther King Jr. Blvd.	1100 Central Avenue SE
Clovis, NM 88101	Albuquerque, NM 87106
(575) 769-7152	(505) 841-1430
(575) 769-7147 Fax	(505) 841-1956 Fax

Socorro General Hospital
1202 Highway 60 West
P.O. Box 1009
Socorro, NM 87801
(575) 835-8305
(575) 835-8703 Fax

Original Review/Approval Date: September 17, 2012
Revised Date: September 2, 2014

*Please be advised that Presbyterian does not utilize a company seal. Please accept this letter as proof of verification.

Michelle
DeWalt

Digitally signed by Michelle DeWalt
DN: cn=Michelle DeWalt,
o=Presbyterian Healthcare Services,
ou=Medical Staff Affairs,
email=mdewalt@phs.org, c=US
Date: 2015.01.09 11:45:45 -0700

ATT00001.txt

=====
--* PRESBYTERIAN_HEALTHCARE_SERVICES_DISCLAIMER -*-*-*

This message originates from Presbyterian Healthcare Services or one of its affiliated organizations. It contains information, which may be confidential or privileged, and is intended only for the individual or entity named above. It is prohibited for anyone else to disclose, copy, distribute or use the contents of this message. All personal messages express views solely of the sender, which are not to be attributed to Presbyterian Healthcare Services or any of its affiliated organizations, and may not be distributed without this disclaimer. If you received this message in error, please notify us immediately at info@phs.org.

If you would like more information about Presbyterian Healthcare Services please visit our web site

<http://www.phs.org>

=====

Sikes, Mary R (CED)

From: Patredis, Miriam (CED) on behalf of Board, Medical (CED sponsored)
Sent: Friday, January 09, 2015 11:50 AM
To: Sikes, Mary R (CED)
Subject: FW: Affiliation Verification - Dana Espindola, MD
Attachments: AVR-Espindola.pdf; avr-espindola2.pdf; ATT00001.txt

Miriam Patredis
Office Assistant
Alaska State Medical Board

From: DEWALT, MICHELLE [<mailto:mdewalt@phs.org>]
Sent: Friday, January 09, 2015 10:06 AM
To: Board, Medical (CED sponsored)
Subject: Affiliation Verification - Dana Espindola, MD

To Whom It May Concern:

Dana Espindola, MD was an Affiliate member of the Medical Staff at Presbyterian Hospital. Her appointment dates were from 04/22/2013 to 04/22/2015. She had privileges in Obstetrics and Gynecology. Our records indicate there are no sanctions or disciplinary actions, and that the provider is in good standing.

Please see the attached documents that were requested to verify affiliation.

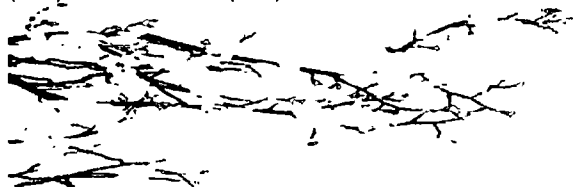
If you have any questions, please contact Medical Staff Affairs at (505) 222-2143.

Sincerely,

Michelle DeWalt



Medical Staff Affairs
(505)222-2143 * fax (505) 841-1956





New Mexico Medical Board
2055 S. Pacheco Street, Bldg. 400
Santa Fe, New Mexico 87505
505-476-7220



LICENSE VERIFICATION

January 06, 2015

This is to certify that the records of the New Mexico Medical Board indicate the following information regarding the below mentioned physician.

Name: Dana Espindola, M.D.

Date of Birth: [REDACTED]

School Name

Univ of New Mexico SOM

Graduation Date

05/12/2008

Specialties

License #	Issue Date	Expiration Date	Status	License Type
MD2012-0549	06/29/2012	07/01/2015	Active	Medical Doctor

Our records indicate there is No Derogatory Information and the license is in good standing.

This license information was last updated on: 12/29/2014

Lynn S. Hart, Executive Director

Date: January 06, 2015

Sikes, Mary R (CED)

From: no-reply@veridoc.org
Sent: Tuesday, January 06, 2015 6:25 PM
To: Hannasch, Dawn K (CED); Sikes, Mary R (CED)
Subject: License Verification Statement - Espindola, Dana (M.D.)
Attachments: v226424AA.pdf



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Espindola, Dana

Transaction ID: 226424

Confirmation Number: 13755927615210172125

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

[New Mexico Medical Board](#)

ALASKA STATE MEDICAL BOARD CHECKLIST - TEMPORARY PERMIT

APPLICANT INFORMATION

Last Name: Espindola First: Dana Middle: Dorothy Revised: _____ By: MRS
 Med School: University of New Mexico Med School Graduation: 2008 Accrediting Board: _____ Prof.Desg. MD
 Specialty: OB/GYN Subspec. _____
 Application based on: _____ Credentials: (State) NM Examination: _____ Start Date: _____ (if known)

FEES PAID

01/14/15 Fees: Application \$ \$200.00 Receipt No. 5466117 Date Pd: 01/14/15
 Temp permit \$ _____ Receipt No. _____ Date Pd: _____
 License \$ \$300.00 Receipt No. 546617 Date Pd: 01/14/15
 \$ _____ Receipt No. _____ Date Pd: _____

APPLICATION DOCUMENTS

Date Recd: **Document:** **Processing Notes:** **MAR 25 2015** **Cite:**
 01/14/15 Application, complete w/ photo, notary ANCHORAGE ALASKA STATE MEDICAL BOARD
 01/14/15 Auth. for Release of Records ANCHORAGE
 01/06/15 Exam Scores Lic by exam: USMLE COMLEX Combi. Other USMLE
 Lic by credentials: (indicate type USMLE, FLEX, NBME, COMLEX, Lexis, State, etc) USMLE
 For State exam: _____ Active lic.? _____ Passed exam in med/sci subjects? _____
 03/20/15 Medical School: _____ Diploma/transcript: D Accredited by: AAMC (AAMC, AOA)
 International Med School Translation: _____ or CA approved list? _____ (req. for Intl. School)
 01/13/15 Verification from Med School _____ Univ of NM 2008
 03/20/15 Postgraduate Certificates Accredited by: ACGME Univ of NM 08-12 #340510
 01/20/15 Verifications - PG Prgrms PGY1 (req.) X PGY2 X PGY3 X
 US Grad Before 1995 _____ (1-Year Required) Univ of NM 08-12 #340510
 US Grad After 1995 X (2-Yrs Required) _____
 International Grad _____ (3-Yrs Required) _____
 Licensure based on one of the following: by credentials: -OR- by exam: ECFMG No. _____
 3-Yrs of Accredited Postgraduate Training _____ Years: _____ (Number of Years Claimed - Max. 3)
 Year -for-Year Substitution as Faculty _____ Board: _____
 ABMS Board Certification, Current _____ State: _____
 Current, Active License in Other State for 3 Yrs _____
 01/06/15 Verifications of Licensure: No license suspended/revoked (disciplinary): none
 State NM Rec'd 01/06/15 State _____ Rec'd _____ State _____ Rec'd _____
 State NM-res Rec'd 03/18/15 State _____ Rec'd _____ State _____ Rec'd _____
 State _____ Rec'd _____ State _____ Rec'd _____
 Jurisdictions not listed on application: NM-res Discovered where: FSMB
 01/14/15 Malpractice claims list (incl. explanation/documentation) none
 01/14/15 Hospital Privileges List (covering past 5 years) _____
 01/20/15 Hospital Privileges Verifications Complete _____
 03/16/15 DEA Clearance Report _____
 03/12/15 FSMB Clearance report _____
 01/29/15 AMA/AOA Physician Profile _____
 03/23/15 NPDB Report _____
 Irregularities (note any "yes" responses or other adverse info): _____
 Examiners Notes (include any pending items): _____
 App Status Letters Sent (Dates): 1-15-15, 3-13-15 ltr & email, 3-16-15
 03/20/15 File completed _____
 03/23/15 File Sent to Anchorage for Review _____ Prepared by Licensing Examiner Mary Sikes

Board Member/Designee Review for Issuance of Temporary Permit

12 AAC 40.058

X Approved - Issue Permit _____ Decision Declined - Refer to Board _____ Interview Required - See notes/comments _____
 Comments: _____ AS 08.64.255 and 12 AAC 40.055

Signed [Signature] Date 3/31/15
 Temporary Permit No. 8608 Issued 4.2.15 Board Review Date 5.6.15
6 months only AS 08 64 270(b)

ALASKA STATE MEDICAL BOARD CHECKLIST - TEMPORARY PERMIT

APPLICANT INFORMATION

Last Name: Espindola First: Dana Middle: Dorothy Revised: _____ By: MRS
 Med School: University of New Mexico Med School Graduation: 2008 Accrediting Board: _____
 Specialty: OB/GYN Subspec: _____
 Application based on: _____ Credentials: (State) NM Examination: _____ Start Date: _____ (If known)

FEES PAID

01/14/15 Fees: Application \$ \$200.00
 Temp permit \$ _____
 License \$ \$300.00
 \$ _____

Receipt No. 5466117
 Receipt No. _____
 Receipt No. 546617
 Receipt No. _____

Date Pd: 01/14/15
 Date Pd: _____
 Date Pd: 01/14/15
 Date Pd: _____

RECEIVED

APPLICATION DOCUMENTS

Date Recd: 01/14/15 **Document:** Application, complete w/ photo, notary **Processing Notes:** MAR 25 2015 **Cite:** AS 08.64.200(a)(1) and 12AAC40.010-.015
01/14/15 Auth. for Release of Records ANCHORAGE
01/06/15 Exam Scores Lic by exam: USMLE COMLEX Combi. ALASKA STATE MEDICAL BOARD 12 AAC 40.020-.021
Lic by credentials: (indicate type USMLE, FLEX, NBME, COMLEX, Lexis, State, etc) USMLE 12 AAC 40.010(c)(2)
For State exam: _____ Active lic.? _____ Passed exam in med/sci subjects? _____ AS 08.64.250 and 12AAC40.010(c)(1)
03/20/15 Medical School: Diploma/transcript: D Accredited by: AAMC (AAMC, AOA) 12 AAC 40.016(a)(1)
International Med School Translation: _____ or CA approved list? _____ (req. for Intl. School) 12 AAC 40.010-.015
01/13/15 Verification from Med School Univ of NM 2008 12 AAC 40.010-.015
03/20/15 Postgraduate Certificates Accredited by: ACGME Univ of NM 08-12 #340510 12 AAC 40.010-.015
01/20/15 Verifications - PG Prgrms PGY1 (req.) X PGY2 X PGY3 X Univ of NM 08-12 #340510 12 AAC 40.010-.015
US Grad Before 1995 (1-Year Required) AS 08.64.200(a)(2)(A)
US Grad After 1995 X (2-Yrs Required) AS 08.64.200(a)(2)(B)
International Grad (3-Yrs Required)
Licensure based on one of the following: by credentials: -OR- by exam: ECFMG No. _____ 12 AAC 40.015(b)(2)(E)
3-Yrs of Accredited Postgraduate Training AS 08.64.225(a)(2)
Year -for-Year Substitution as Faculty _____ 12 AAC 40.016(c)(1)
ABMS Board Certification, Current _____ AS 08.64.225(b)(2)
Current, Active License in Other State for 3 Yrs _____ AS 08.64.225(b)(1)
01/06/15 Verifications of Licensure: No license suspended/revoked (disciplinary): none AS 08.64.200(a)(4)
State NM Rec'd 01/06/15 State _____ Rec'd _____
State NM-res Rec'd 03/18/15 State _____ Rec'd _____
State _____ Rec'd _____ State _____ Rec'd _____
Jurisdictions not listed on application: NM-res Discovered where: FSMB
01/14/15 Malpractice claims list (incl. explanation/documentation) none AS 08.64.200(a)(3)
01/14/15 Hospital Privileges List (covering past 5 years) 12 AAC 40.010-.015
01/20/15 Hospital Privileges Verifications Complete 12 AAC 40.010-.015
03/16/15 DEA Clearance Report 12 AAC 40.010-.015
03/12/15 FSMB Clearance report AS 08.64.200(b)
01/29/15 AMA/AOA Physician Profile 12 AAC 40.010-.015
03/23/15 NPDB Report 12 AAC 40.010-.015
Na Irregularities (note any "yes" responses or other adverse info):

Examiners Notes (include any pending items):

App Status Letters Sent (Dates): 1-15-15, 3-13-15 ltr & email, 3-16-15

File completed

File Sent to Anchorage for Review

Prepared by Licensing Examiner Mary Sikes

Board Member/Designee Review for Issuance of Temporary Permit

12 AAC 40.058

Approved - Issue Permit

Decision Declined - Refer to Board

Interview Required - See notes/comments

AS 08.64.255 and 12 AAC 40.055

Comments:

Signed

Dana Espindola

Date 3/31/15

Temporary Permit No. _____

Issued

Board Review Date

08-4390 (Rev 07/2012)

6 months only

AS 08.64.270(b)

05/16/2017

Med T 8608

0161

ALASKA STATE MEDICAL BOARD CHECKLIST - TEMPORARY PERMIT

APPLICANT INFORMATION

Last Name: Espindola First: Dana Middle: Dorothy Revised: _____ By: DKH
 Med School: University of New Mexico Med School Graduation: 2008 Accrediting Board: _____ Prof. Desg. MD
 Specialty: OB/GYN Subspec. _____
 Application based on: _____ Credentials: (State) NM Examination: _____ Start Date: _____ (if known)

FEES PAID

01/14/15	Fees: Application \$	\$200.00	Receipt No.	5466117	Date Pd:	01/14/15
	Temp permit \$		Receipt No.		Date Pd:	
	License \$	\$300.00	Receipt No.	546617	Date Pd:	01/14/15
			Receipt No.		Date Pd:	

APPLICATION DOCUMENTS

Date Recd:	Document:	Processing Notes:	Cite:
01/14/15	Application, complete w/ photo, notary		AS 08.64.200(a)(1) and
01/14/15	Auth. for Release of Records		12AAC40.010- 015
01/06/15	Exam Scores Lic by exam: USMLE COMLEX Combi. Other		12 AAC 40.020- 021
	Lic by credentials: (indicate type USMLE, FLEX, NBME, COMLEX, Lexis, State, etc) <u>USMLE</u>		12 AAC 40.010(c)(2)
	For State exam: Active lic? _____ Passed exam in med/sci subjects? _____		AS 08.64.250 and
3/20/15	Medical School. Diploma/transcript: <u>D</u>	Accredited by: <u>AAMC</u> (AAMC, AOA)	12AAC40.010(c)(1)
	International Med School Translation: _____	or CA approved list? _____ (req. for Intl. School)	AS 08.64.200(a)(1)
01/13/15	Verification from Med School	Univ of NM 2008	12 AAC 40.016(a)(1)
3-20-15	Postgraduate Certificates Accredited by: <u>ACGME</u>	Univ of NM 08-12	12 AAC 40.010- 015
01/20/15	Verifications - PG Prgrms PGY1 (req.) <u>X</u> PGY2 <u>X</u> PGY3 <u>X</u>		12 AAC 40.010- 015
	US Grad Before 1995 (1-Year Required)		AS 08.64.200(a)(2)(A)
	US Grad After 1995 <u>X</u> (2-Yrs Required)		AS 08.64.200(a)(2)(B)
	International Grad (3-Yrs Required)		
	Licensure based on one of the following: by credentials: <u>-OR-</u> by exam: ECFMG No. _____		12 AAC 40.015(b)(2)(E)
	3-Yrs of Accredited Postgraduate Training		AS 08.64.225(a)(2)
	Year -for-Year Substitution as Faculty _____ Years: _____ (Number of Years Claimed - Max. 3)		12 AAC 40.016(c)(1)
	ABMS Board Certification, Current _____ Board: _____		AS 08.64.225(b)(2)
	Current, Active License in Other State for 3 Yrs _____ State: _____		AS 08.64.225(b)(1)
01/06/15	Verifications of Licensure: No license suspended/revoked (disciplinary): none		AS 08.64.200(a)(4)
	State <u>NM</u> Rec'd 01/06/15 State _____ Rec'd _____ State _____ Rec'd _____		
	State <u>NM-res</u> Rec'd 2/18/15 State _____ Rec'd _____ State _____ Rec'd _____		
	State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____		
	Jurisdictions not listed on application: <u>NM-res</u> Discovered where: <u>FSMB</u>		
01/14/15	Malpractice claims list (incl. explanation/documentation) none		AS 08.64.200(a)(3)
01/14/15	Hospital Privileges List (covering past 5 years)		12 AAC 40.010- 015
01/20/15	Hospital Privileges Verifications Complete		12 AAC 40.010- 015
1/15/15	DEA Clearance Report <u>6/17/15</u>		12 AAC 40.010- 015
03/12/15	FSMB Clearance report		AS 08.64.200(b)
01/29/15	AMA/AOA Physician Profile		12 AAC 40.010- 015
	NPDB Report		12 AAC 40.010- 015
	Irregularities (note any "yes" responses or other adverse info):		
	Examiners Notes (include any pending items):		
	App Status Letters Sent (Dates):		
	File completed		
	File Sent to Anchorage for Review	Prepared by Licensing Examiner <u>Dawn K Hannasch</u>	

Board Member/Designee Review for Issuance of Temporary Permit

12 AAC 40.058

Approved - Issue Permit

Decision Declined - Refer to Board

Interview Required - See notes/comments

AS 08.64.255 and 12 AAC 40.055

Comments:

Signed

Date

Temporary Permit No.

Issued

Board Review Date